

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6241

1. PLACE OF DEATH

County Henry
Township
City Clinton Mo

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 33
St. Ward)

2. FULL NAME

Dewey Country
(a) Residence. No. 8241 E Jefferson St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bella Virginia Country

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 10 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Checker Pecker
(b) General nature of industry, business, or establishment in which employed (or employer) in Produce houses
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett, Mo

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER " " " " " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " " " " " "

14. INFORMANT Mrs. Virginia Country (Address) Clinton - Mo

15. FILED Feb. 16 1929 Dr. E. C. Peeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1929, to Jan 15 1929 that I last saw h. l. alive on Jan 15 1929 and that death occurred, on the date stated above, at Clinton Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Danuel J. Proger M. D.
2/16 1929 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL 2-16 1929

20. UNDERTAKER Spou A. Roy ADDRESS Clinton Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 22 1929

