

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

Do not use this space.

PLACE OF DEATH

County Pettis
Township Sidolia
City Sidolia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No. 28543
Registered No. 255
St. Ward)

2. FULL NAME

(a) Residence. No. Windsor, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Manda Kennaday</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 9-1896</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>1</u>
	DAY <u>1</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> 137 (b) General nature of industry, business, or establishment in which employed (or employer) <u>1331</u> (c) Name of employer <u>132</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from June 10 1929 to Aug. 9 1929 that I last saw him alive on Aug. 9 1929 and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unlabeled disease of prostate & hypertensive Hemip & apoplexy.
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Signs of chronic
9 hrs. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED no
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Biurial
(Signed) Biurial M. D.
, 19 (Address) Windsor Mo.

9. BIRTHPLACE (CITY OR TOWN) Ridgeway
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER J. B. Emery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Barber

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

14. INFORMANT Mrs. J. B. Emery
(Address) Windsor Mo.

15. FILED 9-16-29 J. S. Dore
REGISTRAR

*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 Calhoun Mo. DATE OF BURIAL 8/12 1929

20. UNDERTAKER C. A. Roof ADDRESS Windsor

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.

5-1-29
OCT 24 1929

PARENTS

S-28543