

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.

MAY 27 1930

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

Do not use this space.

1. PLACE OF DEATH

County Pettis  
Township Dudalia  
City Dudalia (No. 701)

Registration District No. 668  
Primary Registration District No. 3032

File No. 135700  
Registered No. 108  
St. Dudalia Ward

2. FULL NAME

(a) Residence. No. 13 St. Shackelford Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mes. ds. How long in U.S., if of foreign birth? yrs. mes. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 11 2

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER John Berkeley  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo  
12. MAIDEN NAME OF MOTHER Pauline  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT J. Shackelford  
(Address) Dudalia

15. FILED 4-23-30 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1930

17. I HEREBY CERTIFY, That I attended deceased from April 16 to April 22, 1930  
that I last saw him alive on April 22, 1930 and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tubercular Pneumonia (Rt.)

CONTRIBUTOR (SECONDARY) Ch. Myocarditis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. X

DID AN OPERATION PRECEDE DEATH? sw DATE OF X

WAS THERE AN AUTOPSY sw

WHAT TEST CONFIRMED DIAGNOSIS sw

(Signed) W. B. Schumaker, M. D.  
, 19 (Address) Dudalia 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 DATE OF BURIAL

Mill Chapel Apr 23 1930

20. UNDERTAKER ADDRESS

Shackelford Dudalia

