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.

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

Do not use this space.

18730

File No. .....

Registered No. 49

1927

1. PLACE OF DEATH

County: Lafayette

Township: Wooster

City: Higginsville (No. ....., ... St., ... Ward)

Registration District No. 460

Primary Registration District No. 5623-13.

2. FULL NAME: Sonja W. South

(a) Residence. No. Douglas State Home St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Mary Jane South

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 4. 1842

7. AGE: Years 85 | Months 6 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

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): Clark Co

(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: —

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

12. MAIDEN NAME OF MOTHER: —

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

14. INFORMANT: R. H. Chambers Supt
(Address): Higginsville Mo

15. FILED 6-3, 1927 Rosie O Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 2 1927

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1927, to June 2, 1927, that I last saw alive on June 2, 1927, and that death occurred, on the date stated above, at 10:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Dementia 9 yrs.
9810

(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY): 516

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Gray Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. Dwane Gregg, M. D

6-3, 1927 (Address) Higginsville 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: Greth Bay Mo

DATE OF BURIAL: 6/3 1927

20. UNDERTAKER: A. H. Woder

ADDRESS: Higginsville Mo