

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

Do not use this space.

27604

1. PLACE OF DEATH

County Iron
Township 11
City (No.)

Registration District No. 1159
Primary Registration District No. 3549

File No.
Registered No. 14 St. Ward

2. FULL NAME

Mrs. Kissie Treadway (nee Bounds)
(a) Residence, No. 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>James Treadway</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 24th 1859</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>3-</u>	DAYS <u>0</u>
If LESS than 1 day, hrs. or min.		

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

9. BIRTHPLACE (CITY OR TOWN) Bron Mountain
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Bounds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bron Mountain
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Maude La Porte
(Address) St. Louis, Missouri

15. FILED Aug 31, 1929 Claris C. Byrnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug 23 1929 to Aug 24 1929 that I last saw her alive on Aug 24 1929 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congestion of Liver, chronic constipation

CONTRIBUTORY Intestinal Dist (duration) yrs. mos. ds. 12 3 0
(SECONDARY) (duration) yrs. mos. ds.

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? none
(Signed) Edward G. Bamhorns M. D.
, 19 (Address) Ironton 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 Bellevue Mo DATE OF BURIAL 8-25-1929

UNDERTAKER A. P. White & Son ADDRESS Ironton Mo

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.
 47
 25 1929
 230
 31

