

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

Do not use this space.

28597

1. PLACE OF DEATH
 County..... Pike Registration District No..... 689
 Township..... Primary Registration District No..... 3233
 City..... Louisiana No. 914 South Carolina Sl. 4 Ward.....
 2. FULL NAME Paradine Keeth Chaduck
 (a) Residence. No. 914 South Carolina, Sl. 4 Ward..... (If nonresident give city or town and State)
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-4-53

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 5 28

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

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

10. NAME OF FATHER John Keeth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va or Ky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Whittle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va or Ky
 (STATE OR COUNTRY)

14. INFORMANT Mrs Geo N Frisby
 (Address) Louisiana Mo

15. FILED 8/2 29 McNair REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/2 1929
 17. I HEREBY CERTIFY, That I attended deceased from Mon Aug 2 1929 to Aug 2 1929
 that I last saw her alive on Aug 21 1929 and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
46E

CONTRIBUTORY (SECONDARY) 440 (duration) (2) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
8/2 1929 (Signed) St Miller M. D.
 (Address) Louisiana 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 Montgomery, Co, Mo DATE OF BURIAL 8/3 1929

20. UNDERTAKER McNair ADDRESS Louisiana 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.

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