

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Roscoe City No. 9036 17th.

File No. 5041
 Registered No. 10128
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 9036 17th. St. 4 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

Col

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 18 57

7. AGE

72

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

At Home

(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)

Nashville Tenn.

PARENTS

10. NAME OF FATHER

Unknown

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

Unknown

12. MAIDEN NAME OF MOTHER

Peggie Eden

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

Unk.

14. INFORMANT (Address)

Ted Williams 1731 Lydia

15. FILED

114 1930 M. J. M. Brown REGISTRAR

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

2/17 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 27 1930 to Feb 17 1930 that I last saw her alive on Feb 12 1930, and that death occurred, on the date stated above, at 12:05 A

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Acute Cardiac Dilatation (duration) yrs. mos. ds. 14

18. WHERE WAS DISEASE CONTRACTED

do not know

19. DID AN OPERATION PRECEDE DEATH? DATE OF

no

20. WAS THERE AN AUTOPSY?

yes WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) T. Williams, M. D.

2/13 1930 (Address) 1618 Lydia

*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

Highland

DATE OF BURIAL

2/15 1930

20. UNDERTAKER

Hatkins Bros

ADDRESS

1724 Lydia

2350
2
31

CAUSE OF DEATH

