

MAY 27 1930

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

Do not use this space.

13291

1. PLACE OF DEATH

County Monroe
Township Griffin
City (No.) St. Ward)

Registration District No. 5-34
Primary Registration District No. 5-717

File No.
Registered No. 19

2. FULL NAME

Dennis Tucker Childin

(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

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

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

Jan 27-1885

7. AGE

YEARS MONTHS DAYS
45 | 3 | 0

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work R.R. Section Foreman
(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) Lincoln Co MO

10. NAME OF FATHER

H. W. Childin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Pike Co MO

12. MAIDEN NAME OF MOTHER

Emma Childin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Pike Co MO

14.

INFORMANT H. W. Childin
(Address) Subston MO

15.

FILED 4-26, 1930 G. T. Gundry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1930

17.

I HEREBY CERTIFY, That I attended deceased from April 25, 1930, to April 25, 1930, that I last saw ~~him~~ her alive on April 25, 1930, and that death occurred, on the date stated above, at 1:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency

CONTRIBUTORY (SECONDARY)

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?

(Signed) Covert, M. D.

Apr 26, 1930 (Address) New Cambria 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

Cemetery of Oxford Neb Apr 27 1930

20. UNDERTAKER

ADDRESS

J. B. Hillbrand New Cambria Mo

Exact statement of OCCUPATION is very important.

