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

Do not use this space.

23389

1. PLACE OF DEATH
County: Laclede — Registration District No.: 453
Township: Boscarade — Primary Registration District No.: 5619
City: Hatton (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: Olan Shedy Southard

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 25 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	6	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Boy
(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): Neho, Mo.

PARENTS
10. NAME OF FATHER: Fred O. Southard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Chloe Nelson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.

14. INFORMANT: Eldrey Southard
(Address): Lebanon, Mo.

15. FILED July 25 1930 L D Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 20 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... 1930, to July 20 1930, that I last saw him alive on July 20 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
92 A

..... (duration) 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (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? .....
(Signed) L D Hartley, M. D.
, 19 (Address) Neho, 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: Lebanon, Mo. — DATE OF BURIAL: July 21 1930

20. UNDERTAKER: A. L. Palmer — ADDRESS: Lebanon, Mo.

N. B.—Every item of information should be carefully supplied. Age should be stated exactly. Avoid abbreviations. Write plainly in ink. Be careful to spell correctly! CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important!