SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH
County: Jasper — Registration District No.: 406 — File No.: 27021
Township: Irvingrove — Primary Registration District No.: 5560 — Registered No.: 18
City: 3½ mile A Carl Jct (No. ..... St. ..... Ward)

2. FULL NAME: Wm Anderson 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 76 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: Eliza Southard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): December 10, 1853

7. AGE: Years 76 — Months 7 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oronogo Mo

PARENTS
10. NAME OF FATHER: Wm Southard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ✓ ✓

14. INFORMANT (Address): Chas. S. Southard Carl Junction Mo.

15. FILED Aug 5, 1930 — C W Roney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 2 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2 30, to Aug 2 30 that I last saw ~~he~~ alive on Aug 2 30 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Interstitial~~ nephritis
132A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 129B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J W Barson M. D
8/4 30 (Address) Joplin 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: Carl Junction Mo. — DATE OF BURIAL: Aug 4 1930

20. UNDERTAKER: C B Roney — ADDRESS: Carl Jct. 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.