DEC 20 1930

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

Do not use this space.
11 40 am
35629

1. PLACE OF DEATH
County: Clay
Township: Fr. Prairie
City: Kansas Springs (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3611
File No. .....
Registered No. 115

2. FULL NAME Donald. Moss Teegarden
(a) Residence. No. 22 S. Prospect 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. 7 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): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10-1930

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer): 108
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Excelsior Springs
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Geo. M. Teegarden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Ruth Sharp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay Co
(STATE OR COUNTRY) Mo

14. INFORMANT G. M. Teegarden
(Address) Excelsior Springs, Mo.

15. FILED 11/21 19 30 H. D. Craven
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1930, to Nov. 17, 1930 that I last saw him alive on Nov. 16, 1930, and that death occurred, on the date stated above, at 11:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dilatation of Heart & Heart trouble with Kidney Probably failure & Lasing forenoon
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Kidney ill development
(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?

11/18/30 (Signed) John F. Grace, M. D
(Address) Excelsior Springs 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: Mem Gardens
DATE OF BURIAL: Nov 18 1930

20. UNDERTAKER: Herbert Hope
ADDRESS: Excelsior Springs

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.