

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

Do not use this space.

76

1. PLACE OF DEATH

County Barnes Registration District No. 34
 Township Waverly Primary Registration District No. 6239
 City Cassville (No.) St. Ward)

File No.
 Registered No. 1
 St. Ward)

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-8-1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF J. W. Langston

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 12..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|--|
| | 73 | 9 | 16 | |

tabular disease of heart T.M.H.
97

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) arterial sclerosis
9000

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH,

10. NAME OF FATHER James Stephens

DID AN OPERATION PRECEDE DEATH? no DATE OF

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Anna - d.R.

WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) A. D. Thomas M. D.
 , 19 Health Comm. Cassville Mo.

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

14. INFORMANT Geo. T. Hampton (Address) Cassville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Antioch Cem DATE OF BURIAL Jan. 9 1930

15. FILED Jan. 8 1930 Mon. H. P. Seary REGISTRAR

20. UNDERTAKER W. D. Koon ADDRESS Cassville Mo.

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

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