

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

Do not use this space.

2156-2

2156-2B

File No. 1931
Registered No. 19

MAY 27 1931

1. PLACE OF DEATH
68 County Monteau Registration District No. 574
Township Lynn Primary Registration District No. 5722a
City..... (No.)..... St. Ward)

2. FULL NAME Thomas Benton Childress
(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. 80 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) 1
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Frances Childress
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1860
7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 80 5 18
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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11 1931
17. I HEREBY CERTIFY, That I attended deceased from 12 to 1-11 1931
that I last saw him alive on 1-2-28 1930 and that death occurred, on the date stated above, at 8 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility
162
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 162
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
10. NAME OF FATHER Adrian Childress
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown 31
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
14. INFORMANT Albert Childress
(Address) Lupus
15. FILED Feb 1, 1931 Ellis E. Parke REGISTRAR

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) A. L. Meredith M. D.
1-12 1931 (Address) Prarie Home 660
*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
Mt Zion 1-12 1931
20. UNDERTAKER ADDRESS
C. Albert Hornbeck Prairie Home
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.

