

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

Do not use this space.

1. PLACE OF DEATH

County Cole

Registration District No. 215

750

Township Jefferson

Primary Registration District No. 0014

File No. _____

City Jefferson (No. _____)

Registered No. 23

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

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr S Beard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-30-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 | 5 | 18

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

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

10. NAME OF FATHER Peter Rose

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

12. MAIDEN NAME OF MOTHER Martha Thomas

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

14. INFORMANT Mr S Beard
(Address) Jefferson City Mo

15. FILED 10 1929 S. B. Budgerd REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 19 29

17. HEREBY CERTIFY, That I attended deceased from Jan 31 1929 to Jan 16 1929
That I last saw her alive on Jan 15 1929 and that death occurred, on the date stated above, at 3-0 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Hypertrophy + dilatation of heart.

95 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis
General Anasarca (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. A. Clark M.D.

1/17 19 29 (Address) Jefferson City 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 Bethel Cem Co Mo DATE OF BURIAL 1-17 19 29

20. UNDERTAKER Wymor + Gordon ADDRESS g e 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.

RECORD

THIS IS A PERMANENT RECORD

PARENTS

INFORMANT

REGISTRAR

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