

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.

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

Do not use this space.

11040

1. PLACE OF DEATH

County GreeneTownship WashingtonCity 416(No. 0)Registration District No. 321Primary Registration District No. 5445

File No.

Registered No. 5

St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 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

Artelia

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

July 27, 1864

7. AGE

YEARS 75MONTHS 7DAYS 14

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

William Aeford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

S. Carolina

MOTHER

15. MAIDEN NAME

McNuse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

17. INFORMANT (ADDRESS)

Mrs. Artelia Aeford Rogersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Palmetto Cem. DATE March 4, 1940

19. UNDERTAKER (ADDRESS)

Kelley and Ferrell 292 Rogersville, Mo.20. FILED April 8, 1940Mrs. Pearl Hughes Mitchell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 194022. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1940 to Mar 12, 1940I last saw him alive on Mar 12, 1940 Death is saidto have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia LobarDate of onset 3-4-40

Other contributory causes of importance:

Name of operation None Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓, 19 40Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. WakeM. D. Rogersville, Mo.

RECEIVED

Greene County Health Office,

County File Number. 40-4-2

Date Filed 4-16-40