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 PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.  
 1928  
 2

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

Do not use this space.

25652

1. PLACE OF DEATH  
 County St. Francois Registration District No. 775  
 Township Deers Primary Registration District No. 6020  
 City (No. St. Ward)

File No. ....  
 Registered No. 57

2. FULL NAME George White Soden  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Ann Soden  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 10 1854  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
74 9 6

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

9. BIRTHPLACE (CITY OR TOWN) Greensburg  
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER William Soden  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greensburg  
 (STATE OR COUNTRY) Indiana  
 12. MAIDEN NAME OF MOTHER May B. Johnson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greensburg  
 (STATE OR COUNTRY) Indiana

14. INFORMANT Kenneth St. Richardson  
 (Address) Bonnetts Run

15. FILED 7/18 29 19 29  
G. A. Don  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1929  
 17. I HEREBY CERTIFY That I attended deceased from July 14 1929 to July 16 1929  
 that I last saw ~~her~~ him alive on July 16 1929, and that death occurred, on the date stated above, at 26 12 00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis  
129 W  
 CONTRIBUTORY (SECONDARY) Age  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH At Home

DID AN OPERATION PRECEDE DEATH No. DATE OF  
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Examination  
 (Signed) Lee Surley, M. D.  
7-17 1929 (Address) Bonnetts Run

\*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 Bonnetts Run DATE OF BURIAL 7-18 29

20. UNDERTAKER P. A. Benham ADDRESS Bonnetts Run

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Lee Turley