

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

Do not use this space.

4309

1. PLACE OF DEATH Cape Gir.
 County..... Registration District No. 131
 Township Randoe Primary Registration District No. 5782
 City New Jackson (No.) St. Ward)

2. FULL NAME Antonina Story
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Story
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14 1842
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 88 1 14
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Invalid for 28 yrs
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

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

PARENTS
 10. NAME OF FATHER Alvin Cook
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Edward L. Story
 (Address) Cape Girardeau R.R. # 3

15. FILED 3-20 1930 Oliver Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 28 1930
 17. I HEREBY CERTIFY That I attended deceased from Feb 13 1930 to Feb 28 1930
 that I last saw him alive on Feb 13 1930 and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
113 influenza
112
 (duration) yrs. mos. da. 15
 CONTRIBUTOR (SECONDARY) 119
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS..... Symptoms
 (Signed) D. J. Schubert, M. D.
 3-2, 1930 (Address) Jackson 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 Pleasant Hill Cemetery DATE OF BURIAL March 1930
New Fruitland
 20. UNDERTAKER Crawford & Miller ADDRESS Jackson 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.

