

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

1 PLACE OF DEATH
County Moacan
Township Russell Registration District No. 531 File No. 219900
or
Village Primary Registration District No. 5718A Registered No. 96
or
City (NO. St. Ward)
2 FULL NAME No name

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>May 30 - 20</u> (Month) (Day) (Year)		
7 AGE yrs. mos. ds.		If LESS than 1 day hrs. or 30 min. 7
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> 154 (b) General nature of industry business, or establishment in which employed (or employer) <u>none</u> 158		
9 BIRTHPLACE (City or town, State or foreign country) <u>Ethel Mae</u>		
PARENTS	10 NAME OF FATHER <u>J Pete Admin</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Calhoun</u>	
	12 MAIDEN NAME OF MOTHER <u>Elyth J. Admin</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ethel</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J Pete Admin
(Address) Ethel Mae

15 Filed May 31, 1920 Frank Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>May 30</u> , 191 <u>20</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from <u>May 30</u> , 191 <u>20</u> , to <u>May 30</u> , 191 <u>20</u> , that I last saw him alive on <u>May 30</u> , 191 <u>20</u> , and that death occurred, on the date stated above, at <u>4:30 p</u> . The CAUSE OF DEATH was as follows: <u>undeveloped and about 9 months</u> <u>Stillborn. Protracted</u> (Duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) <u>150</u>
(Signed) <u>W E Snoddy</u> M. D. <u>191</u> (Address) <u>Ethel Mae</u>

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL <u>Brush Creek</u>	DATE OF BURIAL <u>May 31</u> , 191 <u>20</u>
---	---

20 UNDERTAKER <u>W E Snoddy</u>	ADDRESS <u>Ethel Mae</u>
------------------------------------	-----------------------------

