LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

nty Gentry

nship Howard

ge

Registration District No. 309 File No. 18513

Primary Registration District No. 5434 Registered No. 36

(NO. St. Ward)

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

2 FULL NAME (Premature Birth) (No Name)

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
le	White	

E OF BIRTH June (Month) 27th (Day) 1923 (Year)

yrs. mos. 3 ds. If LESS than 1 day, hrs. or min.?

UPATION
Trade, profession, or icular kind of work —

General nature of industry ness, or establishment in h employed (or employer)

THPLACE or town, or foreign country) Albany Mo

10 NAME OF FATHER Cleo Findley

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Worth Co

12 MAIDEN NAME OF MOTHER Edith McLeod

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Gentry Co

E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

formant) W. S. Campbell M.D.

(Address) Albany Mo

d July 9 1923 W. T. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June (Month) 30 (Day) 1923 (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 27th 1923 to June 30th 1923 that I last saw him alive on June 28th 1923 and that death occurred, on the date stated above, at 5 PM

The CAUSE OF DEATH* was as follows:

Premature Birth

161a

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. S. Campbell M. D.

July 9, 1923 (Address) Albany Mo

*State the Disease Causing Death, or, in deaths 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 Miller Cemetery

DATE OF BURIAL June 30th 1923

20 UNDERTAKER None

ADDRESS —

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City ..... (NO. ....., ... St.; ..... Ward)

[If death occ
hospital or i
give its NAM
of street and

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

7 AGE

.....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or .....min.?

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

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15

Filed ....., 191....., ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

....., 19
(Month) (Day)

17 I HEREBY CERTIFY, that I attended decease
....., 191....., to ....., 1
that I last saw h.....alive on ....., 1
and that death occurred, on the date stated above, at.....
The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mos.....

(Signed) .....

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Cau
(1) Means of Injury; and (2) whether Accidental, Suicidal or Hor

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

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

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	.....
20 UNDERTAKER	**ADDRESS**