

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

1409

1. PLACE OF DEATH
 County Johnson Registration District No. 426 File No. _____
 Township Chilhowee Primary Registration District No. 558 Registered No. 1
 City _____ (No. _____ St. _____ Ward)

2. FULL NAME _____
 (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) single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-26-24

7. AGE YEARS MONTHS Days If LESS than 1 day, ____ hrs. or ____ min.
8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Johnson Co
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm Bird

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Oeta

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Wm Bird
 (Address) Harrodsburg Mo

15. FILED 1/3/25 W. J. Martin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/2/1925

17. I HEREBY CERTIFY, That I attended deceased from birth 12/26/1924, to 1/2/1925, 19____ that I last saw deceased alive on 12/26/1924, 19____ and that death occurred, on the date stated above, at _____ 2. P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

premature birth

CONTRIBUTORY (SECONDARY) 159 / 161
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? NO

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) R. L. Pills, M. D.
 , 19____ (Address) Magnolia, 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 HOICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Valley ans DATE OF BURIAL 1/3 19 25

20. UNDERTAKER J. H. Smith ADDRESS Chilhowee

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.

