

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

Do not use this space.

21661

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Jaw Primary Registration District No. 1007 Registered No. \_\_\_\_\_  
 City J. E. Mo. (No. 1429 Jackson) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1529 Jackson 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. 12 How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Infant

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

Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1927

7. AGE YEARS MONTHS Days If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) J. E. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Loveall

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

12. MAIDEN NAME OF MOTHER Emma Ferguson

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

14. INFORMANT John Loveall  
 (Address) 429 Jackson

15. FILED 11 27 M. M. Crone  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1927, to July 31, 1927, and that I last saw him alive on July 27, 1927, at 5 a.m. death occurred, on the date stated above, at \_\_\_\_\_

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth  
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: no

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) W. R. Foster, M. D.

7/31, 1927 (Address) 1529 Lister

\*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 Sumner Cem DATE OF BURIAL Aug 1 1927

20. UNDERTAKER Rose & Co - 15 Jackson ADDRESS

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.

Dr. J. J. ...