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

Do not use this space.

Dr Conrad

31112

1. PLACE OF DEATH

County Pemiscot Registration District No. 651

Township Little Prairie Primary Registration District No. 6862

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 146

2. FULL NAME Charles Lester Wilford

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-~~20~~ 19 27

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: ✓

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: J. H. Wilford

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

12. MAIDEN NAME OF MOTHER: Radie Smith

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

14. INFORMANT (Address): J. H. Wilford, Holland Mo.

15. FILED Nov. 3, 1927 Ada Martin, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-21 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-19, 1927, to 10-19, 1927, that I last saw him alive on 10-19, 1927, and that death occurred, on the date stated above, at 12-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature Birth

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

(duration) ..... yrs. ..... mos. ..... ds.

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? .....

Oct. 22 (Signed) Dr. A. R. Conrad, M.D.

~~27~~ 1927 (Address) Box 66, Caruthersville 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: Upper Cooter

DATE OF BURIAL: 10-22 1927

20. UNDERTAKER: H. L. Smith

ADDRESS: Cuille 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.