

PR 26 1928
 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.

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

Do not use this space.

1929-B

1. PLACE OF DEATH

County Highland
 Township Bodan
 City (No.)

Registration District No. 114
 Primary Registration District No. 5869

File No. 2
 Registered No. 2
 St. Ward

2. FULL NAME

Not named

(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 Male 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 Infant

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

7. AGE YEARS MONTHS DAYS 12 hrs. IF LESS than 1 day, 12 hrs. or min.

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) Portageville mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER C. S. Ellis

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

12. MAIDEN NAME OF MOTHER Lillian Thompson

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

14. INFORMANT Charles Ellis
 (Address) Portageville mo

15. FILED Apr 10 1928 Moss REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 3 1928 to Jan 3 1928, 19

that I last saw deceased alive on Jan 3 1928, 19

death occurred, on the date stated above, at 5:00 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably weak heart -
deceased only 12 hrs. after birth
130

CONTRIBUTORY (SECONDARY) 160
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Chas. Mayfield M. D.

, 19 (Address) Portageville 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 Portageville cemetery - 3 28

DATE OF BURIAL

20. UNDERTAKER R. M. Payne ADDRESS Portageville Mo

