

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

Do not use this space.

3868

1. PLACE OF DEATH

County North
Township Grant City
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 4545

File No.
Registered No. 2 St. Ward

2. FULL NAME

Not named, Premature 7 mths

(a) Residence. No. St. Ward
(Usual place of abode)

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. (If nonresident give city or town and State)

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 Premature

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Premature 7 mth
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer Grant City

9. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Benj Thompson

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

12. MAIDEN NAME OF MOTHER Alta Wright

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

14. INFORMANT Benj Thompson
(Address) Grant City Mo

15. FILED 1/6 1928 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 6 1928 to Jan 6 1928
that last saw him alive on Jan 6 1928 and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
7 months
lived 3 hours after birth
1928 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

161A (condition) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John Andrews, M. D.
1/6 1928 (Address) Grant City

*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 Wheaton Cem DATE OF BURIAL 1-7 1928

20. UNDERTAKER Family ADDRESS Grant City

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.

