29 1928

Berry

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

Do not use this space.

12187

1. PLACE OF DEATH

County Andrew — Registration District No. 26 — File No.

Township Washington — Primary Registration District No. 5034503 — Registered No. 60

City Mail Thompson (No. ..... St. ..... Ward)

2. FULL NAME Infant Ben W. Jesse + Wife

(a) Residence. No. Country 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) April 18 1928

7. AGE: Years — Months — Days — If LESS than 1 day, 2 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) Andrew Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Ben W. Jesse

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

12. MAIDEN NAME OF MOTHER Inez Sperling

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

14. INFORMANT Ben W. Jesse
(Address) Maryville Mo

15. Filed April 19th 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw b. alive on Apr 18, 1928 and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth about 6½ months

157 | 6 hr

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Robt W Berry, M. D

, 19 (Address) Mex Co 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: Maryville Mo — DATE OF BURIAL: 4-19 1928

20. UNDERTAKER: H U Recht & Son — ADDRESS: Maryville 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Audrain — Registration District No.: 931 — File No.:
Township: Wilson — Primary Registration District No.: 3037B — Registered No.: 1 60
City: (No. , St. Ward)

2. FULL NAME: Infant Jesse

(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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 18-1928

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 2 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): Audrain Co.
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Ben W. Jesse
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Audrain Co. Mo
12. MAIDEN NAME OF MOTHER: Essie Bowling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Audrain Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Ben W. Jesse
(Address)

15. Apr 19, 1928
FILED , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 18, 1928

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that I last saw h. alive on Apr 18, 1928, and that death occurred, on the date stated above, at 10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
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(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robt W. Berry, M. D
, 19 (Address) Mexico 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: Mexico Mo. Cem — DATE OF BURIAL: 4-19-1928
20. UNDERTAKER: H A Prechtl & Son — ADDRESS: Mexico Mo

SUPPLEMENTARY

NOTICE TO PHYSICIANS: Each item of information called for 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.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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