

MAY 29 1928

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

Do not use this space.

12575

1. PLACE OF DEATH

County Owas
Township
City Belton (No.)

Registration District No. 148
Primary Registration District No. 4082

File No.
Registered No.
St. Ward

2. FULL NAME

(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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-3-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 | 1 | 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Louisiana

10. NAME OF FATHER Dout House

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

12. MAIDEN NAME OF MOTHER Dout H

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

14. INFORMANT John Riley (Address) Belton Mo

15. FILED 4-18, 1928 R. M. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-16 1928

17. I HEREBY CERTIFY That I attended deceased from 2-4 1928, to 4-16 1928, that I last saw deceased alive on 4-16 1928, and that death occurred, on the date stated above, at 7:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis and Influenza
900B
CONTRIBUTORY (SECONDARY) 900B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

18. WAS THERE AN AUTOPSY.....

18. WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. M. Miller, M. D.

18. (Address) Belton 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 Belton DATE OF BURIAL 4-19 1928

20. UNDERTAKER E. H. George ADDRESS Belton

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.

