1 1928

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

Do not use this space.

13115

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No. 59

Township Howell — Primary Registration District No. 2535 — Registered No.

City ~~West Plains~~ (No. ..... St. ..... Ward)

2. FULL NAME Infant

(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) 4-3-28

7. AGE: Years ✓ Months ✓ Days ✓ If LESS than 1 day, 6 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) West Plains
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER S.D.Kerbey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Popular Bluff
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Tennie Koelling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Plains
(STATE OR COUNTRY) Missouri

14. INFORMANT S.D.Kerbey
(Address) West Plains

15. FILED 4-3-28 O.A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/3 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1928 to Apr 3, 1928 that I last saw him alive on April 3, 1928 and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 18

(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? .....

(Signed) J. D. Gunn, M. D.

4/3, 1928 (Address) West Plains, 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: Meltebarger Cem — DATE OF BURIAL: 4/4/28 19

20. UNDERTAKER: George Stapp — ADDRESS: West Plains 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.

PERMANENT RECORD