JUN 1 1928

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

Do not use this space.

File No. 14996

Registered No.

**1. PLACE OF DEATH**

County: Miller

Township: Equality

City: (No. , St. Ward)

Registration District No. 564

Primary Registration District No. 5758

**2. FULL NAME** Unnamed Infant of J. Barnett Wolverton

(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) Apr. 14. 1928

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, 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) Equality Twp.
(STATE OR COUNTRY) Miller Co. Mo.

PARENTS

10. NAME OF FATHER Barnett Wolverton

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

12. MAIDEN NAME OF MOTHER Cora Kallenbach

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

14. INFORMANT J. Barnett Wolverton
(Address) Fuscumbia. Mo.

15. FILED 4-20 1928 at Home
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 17. 1928

17. I HEREBY CERTIFY, That I attended deceased from Birth Apr. 14. 1928 to Apr. 17 1928 that I last saw h. alive on Apr. 17. 1928 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Imperfect Closure of Foramen Ovale
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)
(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. S. Walker, M. D
, 19 (Address) Eldon 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: Fuscumbia

DATE OF BURIAL: 4-18 1928

20. UNDERTAKER: Neighbors.

ADDRESS: Fuscumbia 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.