

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

Do not use this space.

**16202**

**1. PLACE OF DEATH**

County Buchanan  
Township St Joseph  
City St Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. 2317 Huntton)

File No. ....  
Registered No. 392  
St. .... Ward

**2. FULL NAME**

Infant unnamed Jones  
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female | 4. COLOR OR RACE White | 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) May 8 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	0	0	30

8. OCCUPATION OF DECEASED None  
(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) St Joseph Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Fay Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Joseph Mo  
(STATE OR COUNTRY)

14. INFORMANT Cozy Harrison  
(address) 1208 Francis

15. FILED MAY 10 1928  
John S. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1928

17. I HEREBY CERTIFY, That I attended deceased from May 8 1928, to May 8 1928, that I last saw him/her alive on May 8 1928, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
159  
Premature birth  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 16/A  
(duration) yrs. mos. da.

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) Perilbeck M. D.  
(Address) Smith Bldg St Joseph Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT OCCASIONS, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cem DATE OF BURIAL 5/10 1928

20. UNDERTAKER Sheehan Funeral Home ADDRESS 1208 Francis

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.

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PARENTS

