

Frank Morley

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

Do not use this space.

18035

PLACE OF DEATH

County Peters
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 165
St. Ward)

2. FULL NAME

Infant son of Luther Thompson

(a) Residence, No. 1501 1/2 Sq. Ohio St. St. 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23 - 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 8 hrs. or 30 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) Sedalia (STATE OR COUNTRY) Mo

10. NAME OF FATHER Luther Thompson

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

12. MAIDEN NAME OF MOTHER Celeste Strick

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

14. INFORMANT Luther Thompson (Address) Bonville Mo

15. 5/14/28 J. J. Lora REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1928

17. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19...., that I last saw h..... alive on....., 19...., and that death occurred, on the date stated above, at..... 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Premature
3/4 month Infant
..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED? 1610
IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Frank R. Morley, M. D.
May 24 (Address) Sedalia 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 Pilot Grove Mo DATE OF BURIAL 5/24 1928

20. UNDERTAKER Mr. Lushin Bros ADDRESS Sedalia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

