UG 21 1928

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

Do not use this space.

23035

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. ..., St., Ward)

File No.

Registered No. 839

2. FULL NAME Baby Fore

(a) Residence. No. 5122 King Hill Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Shannon O. Fore

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

12. MAIDEN NAME OF MOTHER Cecil Rynearson

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

14. INFORMANT Shannon O. Fore
(Address) 5222 King Hill Ave.

15. FILED July 10, 1928 — John G. Ott, Registrar — L. L. Leep

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from at birth, 19, to, 19, that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 13 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature.

159 / 6 / a

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nothing

(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) W. H. Webb, M. D.
, 19 (Address)

*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: Odd Fellows Cem.

DATE OF BURIAL: July 10 1928

20. UNDERTAKER: Fred A. Clark

ADDRESS: 5025 King Hill Av.

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.

WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD