

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.

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

Do not use this space.

23158

1. PLACE OF DEATH
 County Butler Registration District No. 990 File No. 23158
 Township St. Francis Primary Registration District No. 6133 Registered No. 8
 City New Rombauer (No.) St. Ward)

2. FULL NAME Jesse Leo Charles Inman
 (a) Residence No. Poplar Bluff, Mo., R#5 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 male **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) Mar 27 - 1928

| | | | | |
|---------------|--------------|---------------|-------------|---|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>3</u> | <u>3</u> | <u>24</u> | |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Baby
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1928

17. I HEREBY CERTIFY That I attended deceased from July 21, 1928, to July 21, 1928 (that I last saw him alive on July 21, 1928, and that death occurred, on the date stated above, at Poplar Bluff, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lactro enteritis
119B (duration) 1 mo. 21 da.

CONTRIBUTORY (SECONDARY) 113B (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) Rombauer
 (STATE OR COUNTRY) Butler Co. Missouri

10. NAME OF FATHER Henry Inman

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

12. MAIDEN NAME OF MOTHER Willie M. Donald

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) A. M. Davidson, M. D.
 , 1928 (Address) Poplar Bluff, 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.

14. INFORMANT Henry Inman
 (Address) Poplar Bluff, Mo. R#5

15. FILED 7-23 1928 M. O'Fall REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hamtown **DATE OF BURIAL** July 22, 1928

20. UNDERTAKER A. W. Green, Poplar Bluff, Mo. **ADDRESS** _____

