

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

28263

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No.)

Registration District No. 747
Primary Registration District No. 3035

File No.
Registered No. 76
St. Ward)

2. FULL NAME

Infant Not Named

(a) Residence. No. St., Word.
(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 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

August 30, 1928

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

Aug. 30, 1928

7. AGE — YEARS — MONTHS — DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond, Mo.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Bryce

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

12. MAIDEN NAME OF MOTHER B. E. Jackson

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

14. INFORMANT John Bryce
(Address) Richmond, Mo.

15. FILED Sep 27 1928 R. L. Haulton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30, 192817. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1928, to Aug 30, 1928

that I last saw alive on Aug 30, 1928, and that death occurred, on the date stated above, at 9 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

unknown

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. E. Atkins, M. D.

Aug 31, 1928 (Address) Richmond 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

DATE OF BURIAL

Surv. slope

Aug 31 1928

20. UNDERTAKER

ADDRESS

E. H. Hannon

Richmond
Mo

SEP 27 1928

THIS IS A PERMANENT RECORD

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.

