

DEC 27 1928

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

Do not use this space.
37263

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Bellevue Primary Registration District No. 2002 Registered No. 468
City Jasper (No. St Johns Was. St. _____ Ward)

2. FULL NAME

Infant Louis
(a) Residence No. 26 Willow 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) _____

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 30 hrs. or less.

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) Joplin
(STATE OR COUNTRY)

10. NAME OF FATHER Charles W. Gour

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

12. MAIDEN NAME OF MOTHER Mable Nutt

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

14. INFORMANT Charles W. Gour
(Address) Joplin Mo.

15. FILED 11-1-28 Del B Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 19 28

17. I HEREBY CERTIFY THAT I attended deceased from Oct 31 19 28 to Nov 1 19 28 that I last saw her alive on Nov 1 19 28 and that death occurred, on the date stated above, at 10 A M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
duration yrs. mos. da.
CONTRIBUTORY (SECONDARY) ICW
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) Eddy D. James, M. D.
, 19 (Address) Joplin 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

Washer Mo. 11-1-1928

20. UNDERTAKER ADDRESS

Washburn

WRITE PLAINLY, WITH UNFADING INK---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.

