

JAN 25 1929

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

Do not use this space.

41739

1. PLACE OF DEATH

County Missouri  
Township St James  
City St James (No. ....)

Registration District No. 5-67  
Primary Registration District No. 5-763

File No. ....  
Registered No. 26  
St. .... Ward)

2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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) Sept 13 - 27

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
1 | 2 | 6 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work infant  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss Co Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Joe Code

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

12. MAIDEN NAME OF MOTHER Gene Stockman

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

14. INFORMANT Jim Law X  
(Address) East Grove, Mo.

15. FILED Jan 7 1929 St James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 - 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 15, 1928, to Dec 19, 1928 that I last saw him alive on Dec 15, 1928 and that death occurred, on the date stated above, at St James, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia

CONTRIBUTORY (SECONDARY) 101W  
(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) Geo W. Whitaker, M. D.  
, 19 (Address) East Grove, 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 Pinhook Cemetery DATE OF BURIAL 12 20 1928

20. UNDERTAKER Graves Shields ADDRESS East Grove, Mo.

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.

PERMANENT RECORD

