

JAN 28 1928

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

Do not use this space.

43715

1. PLACE OF DEATH

County Scott  
Township Scandy Woods  
City (No. ....) (St. ....) (Ward)

Registration District No. 815  
Primary Registration District No. 0064

File No. ....  
Registered No. 10

2. FULL NAME

Clyde Derrickson Jr.

(a) Residence. No. .... 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. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Boy 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) 8-30-28

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>		<u>11</u>	

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) Blodgett Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Clyde Derrickson

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

12. MAIDEN NAME OF MOTHER Rachel Matthews

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

14. INFORMANT Clyde Derrickson  
(Address) Blodgett Mo

15. FILED 12-11-28 REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-18-28 78

17. I HEREBY CERTIFY, That I attended deceased from 12/18/28 1928 to 12/18/28 1928, that I last saw him alive on 11-12-28 1928, and that death occurred, on the date stated above, at 12-18 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Malnutrition  
158 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 160 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) Fred L. Ogilvie M.D.  
Blodgett  
, 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 Scott-Mo DATE OF BURIAL 12/11/28

20. UNDERTAKER Blodgett Merc Co ADDRESS Blodgett 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.

