FEB 23 1929

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

Do not use this space.

2646

1. PLACE OF DEATH
County New Madrid — Registration District No. 274
Township — Primary Registration District No. 4063
City Lilbourn (No. ..... St. ..... Ward) — File No. ..... Registered No. .....

2. FULL NAME Boyd Hillis Christopher

(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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... information should be carefully supplied.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
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) April 17, 1927

7. AGE: Years 1 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(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) Lilbourn
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER J. C. Christopher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nicholas County
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Kate Pleasant
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jenne,
(STATE OR COUNTRY) Tenn.

14. INFORMANT J. C. Christopher
(Address) Lilbourn Mo.

15. FILED Jan 17, 1929 E. E. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 7th to 16th Jan, 1929, to ....., 19..., that I last saw him alive on Jan 16, 1929, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pertussis + Bronchial Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

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

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) G. N. Wilson, M. D
Jan 16, 1929 (Address) Lilbourn 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 New Hope Cemetery — DATE OF BURIAL Jan 17 1929
20. UNDERTAKER Richardson Bros. — ADDRESS New Madrid Mo.