APR 26 1929

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

Do not use this space.

11566

1. PLACE OF DEATH

County: Mississippi — Registration District No.: 566 — File No.:

Township: Disappointment — Primary Registration District No.: 5762 — Registered No.: 36

City: Charleston (No. ..... St. ..... Ward)

2. FULL NAME Roy Lettifird

(a) Residence. No. RFD#4 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dolly Lettifird

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 20, 1886

7. AGE: Years 43 | Months 0 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

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9. BIRTHPLACE (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

31

PARENTS

10. NAME OF FATHER: Unknown

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

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12. MAIDEN NAME OF MOTHER: Unknown

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

31

14. INFORMANT: Isaac Baugh
(Address): Charleston Mo RFD#4

15. Mar 12th 1929 F S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 7:20 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-11 1929

17. I THEREBY CERTIFY, That I attended deceased from Feby. 24, 1929, to Mch. 10th, 1929, that I last saw h[illegible] alive on Mch. 10, 1929, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia

10 TA

(duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY): 100 A

(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) F H Russell, M. D

, 19 (Address) Wickliffe, Ky.

*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: Rush Ridge Cemetery — DATE OF BURIAL: 3-12 1929

20. UNDERTAKER: Lair Vinc. Co. [illegible] — ADDRESS: Charleston 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.

Dr. F. H. Russ
Wickliffe Ky.

AUG 1 [illegible]