AY 27 1929

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

Do not use this space.

15186

1. PLACE OF DEATH
County Laclede — Registration District No. 449 — File No.
Township — Primary Registration District No. 4267 — Registered No. 1539
City Lebanon (No. ..... St. ..... Ward)

2. FULL NAME Raymond Fitts
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: B
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) July 2-1925

7. AGE: 3 YEARS — MONTHS: 9 — DAYS: 10. — If LESS than 1 day, ... hrs. or ..... min.

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) Lebanon
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Roy Fitts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tim Creek
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Emily Burthright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Mo.

14. INFORMANT Ray Fitts
(Address) Lebanon Mo.

15. FILED 4/12, 1929 J M Billings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 12th 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1929, to April 12, 1929 that I last saw him alive on April 12, 1929, and that death occurred, on the date stated above, at 12.50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Flu, Complicated with Congestion of Cerebrum
11 B
Eg. Pr. (duration) ..... yrs. ..... mos. 1½ ds.
CONTRIBUTORY (SECONDARY) 116
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
0 DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. L. Benage, M. D
, 19 (Address) Lebanon 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: Lebanon Mo. — DATE OF BURIAL: 4/12 1929

20. UNDERTAKER: Palmer — ADDRESS: Lebanon

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.