JUL 26 1929

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

Do not use this space.

22076

1. PLACE OF DEATH

County: Miller — Registration District No.: 561

Township: Saline — Primary Registration District No.: 5755a

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

File No.: .....

Registered No.: 36

2. FULL NAME Unnamed Infant of S. Lon Binkley

(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 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) June 14. 1929

7. AGE Years ..... Months ..... Days ..... If LESS than 1 day, 9 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) Miller Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Lon Binkley

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

12. MAIDEN NAME OF MOTHER Ruby Stidham

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

14. INFORMANT Lon Binkley
(Address) Etterville Mo

15. FILED 6-15-1929 Belle Haynes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Birth June 14, 1929, to ..... 19..... that I last saw h..... alive on June 14, 1929, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hydrocephalus.

15 min (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1590

(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. D. Walker, M. D

, 19 (Address) Eldon 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 Spring Garden Cem.

DATE OF BURIAL 6-15 1929

20. UNDERTAKER M. O. Schell

ADDRESS Eugene 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.