

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

Do not use this space.

19971

1. PLACE OF DEATH

County Livingston
Township _____
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

File No. _____
Registered No. 196 St. _____ Ward _____

2. FULL NAME Not Named

(a) Residence. No. Clay 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-26-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

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) Chillicothe,
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Marion E. Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) David City,
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Vorah E. Dryden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chillicothe,
(STATE OR COUNTRY) Missouri.

14. INFORMANT Marion E. Roberts
(Address) Chillicothe

15. FILED 7/2, 1930 Feuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-26, 1930, to 6-26, 1930 that I last saw h. m. a. alive on 6-26, 1930, and that death occurred, on the date stated above, at 5-12 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
760 (duration) yrs. mos. ds.
CONTRIBUTORY Mother albuminuria
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical symptoms

(Signed) Feuben Barney, M. D.

6-26, 1930 (Address) Chillicothe 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 M. Chilesueby DATE OF BURIAL 6-27 30

20. UNDERTAKER Disposed of by Samuel Chillicothe Mo ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

