

AUG 20 1930

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

Do not use this space.

22160

1. PLACE OF DEATH

County Cape Gir.
Township Keokuk
City Burfordville, Mo. (No.)

Registration District No. 124
Primary Registration District No. 5177

File No.
Registered No. 47
St. Ward

2. FULL NAME

(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

F

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)

Aug 6 - 1918

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

11

11

21

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)

(STATE OR COUNTRY)

Bollinger Co. Mo

10. NAME OF FATHER

Clinton Lay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wayne Co Mo

12. MAIDEN NAME OF MOTHER

Annie Cook

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bollinger Co

14. INFORMANT

(Address)

Chas Acup
Burfordville Mo.

15. FILED

8-7-30, 1930

D. G. Lubin

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

7-27-1930

17.

I HEREBY CERTIFY, That I attended deceased from July 7, 1930, to July 27, 1930 that I last saw him alive on July 25, 1930 and (that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Typhoid fever

CONTRIBUTORY (SECONDARY)

none (duration) yrs. mos. 20 ds.

none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

at home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. G. Lubin, M. D.

8-7-1936 (Address) Burfordville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

The Lee Cemetery

7-29-1930

20. UNDERTAKER

ADDRESS

Crocraft & Miller

Jackson 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.

