

SEP 24 1930

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

Do not use this space.

22368

1. PLACE OF DEATH

County Crawford
Township Liberty
City (No.) St. Ward

Registration District No. 233
Primary Registration District No. 5318

File No.
Registered No. 216

2. FULL NAME

Infant unnamed

(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 w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED infant
(write the word)

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 10 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) Bonson Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jason Richards

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

12. MAIDEN NAME OF MOTHER Esther Gertrude Limerick

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

14. INFORMANT Jason Richards
(Address)

15. FILED Sept 9 30 W. F. Strum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18 1930 to July 18 1930
that I last saw him alive on July 18 1930, and that death occurred, on the date stated above, at A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage
near stomach
from tuberculous in abdomen.
161D (duration) 10 hours

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS. physical Diag & operation
(Signed) Doc. P. Rogers M. D.
, 19 (Address) Bonson 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 Cross Roads Cem DATE OF BURIAL July 19 30

20. UNDERTAKER none ADDRESS

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.

