OCT 28 1930

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

Do not use this space.

29735

1. PLACE OF DEATH

County Henry Registration District No. 357

Township [illegible] Primary Registration District No. 4208

City Deepwater (No. .... St. .... Ward)

File No. ....

Registered No. 9

2. FULL NAME Jubal E. Inskeep

(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 10 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) Jan 30. 1869

7. AGE: Years 61, Months 7, Days 19. If LESS than 1 day, ... hrs. or .... min.

8. OCCUPATION OF DECEASED 23P
(a) Trade, profession, or particular kind of work Farmer 17
(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) Illinois

PARENTS

10. NAME OF FATHER Richard B. Inskeep

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

12. MAIDEN NAME OF MOTHER Lydia M Ballbat

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

14. INFORMANT Jas Inskeep
(Address)

15. Filed Sept 19, 1930 J. J. Russell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1930, to Sept 19, 1930 that I last saw him alive on Sept. 16, 1930, and that death occurred, on the date stated above, at 4:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis Pulmonalis and Mitral Incompetency (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) 31 (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) J. R. Rogers, M. D

9/20, 1930 (Address) Brownington 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: Kidds Chapel

DATE OF BURIAL: 9-20 1930

20. UNDERTAKER: Lem Hinn

ADDRESS: Deepwater

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.

... THIS IS A PERMANENT RECORD