

OCT 31 1930

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

Do not use this space.

30627

1. PLACE OF DEATH

County Neosho

Registration District No. 609

Township Neosho

Primary Registration District No. 4363

City Neosho

(No. Hale Hospital)

File No. 185

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

Not Named

(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)

Single

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

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

Sept 24, 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 6 hrs. or 6 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Infant

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Neosho

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Joe Rice

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Oklahoma

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Vera Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Joe Rice
Neosho Mo

15.

FILED

10/1 1930
D. C. Mauss
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1930, to Sept 24, 1930, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 4:30 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

White Diphtheria
1896

CONTRIBUTOR (SECONDARY)

15910

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. C. Lawson, M. D.

9/22, 1930 (Address) Neosho 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

God Cemetery

DATE OF BURIAL

9-22 1930

20. UNDERTAKER

Byham's

ADDRESS

Neosho

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.

