

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

Do not use this space.

33561<sup>a</sup>

**1. PLACE OF DEATH**

County Miller  
Township Saline  
City Eldon (No. \_\_\_\_\_)

Registration District No. 561  
Primary Registration District No. 4330

File No. \_\_\_\_\_  
Registered No. 17 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Unnamed Infant of Lee Jobe  
(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) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13, 1930

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, 1/2 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) Eldon (STATE OR COUNTRY) mo

<b>PARENTS</b>	10. NAME OF FATHER <u>Lee Jobe</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Eldon</u> (STATE OR COUNTRY) <u>mo</u>
	12. MAIDEN NAME OF MOTHER <u>Dora Strange</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Eldon</u> (STATE OR COUNTRY) <u>mo</u>

14. INFORMANT Lee Jobe (Address) Eldon. mo

15. FILED 11-15-30 Belle Hayes REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from Birth Oct 13, 1930 to death Oct 13, 1930 that I last saw him alive on Oct 13, 1930, and that death occurred, on the date stated above, at 3 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth  
159 (duration) yrs. mos. ds.

CONTRIBUTORY Do not know (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. C. Shelton, M. D.  
, 19 (Address) Eldon. 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 <u>Woods Cemetery</u>	DATE OF BURIAL <u>10-14 1930</u>
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20. UNDERTAKER <u>W A Phillips</u>	ADDRESS <u>Eldon. mo</u>
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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.

REC 22 1930

