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

1. PLACE OF DEATH

County: Monroe — Registration District No. 583 — File No. 2180

Township: Jefferson — Primary Registration District No. 4345 — Registered No. 1

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 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: 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): Jan 4, 1931

7. AGE — YEARS: ..... MONTHS: ..... DAYS: ..... If LESS than 1 day, ... hrs. or 10 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) Stoutsville Mo.
(STATE OR COUNTY) .....

PARENTS

10. NAME OF FATHER Roscoe L. Dowell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTY) Monroe Co. Mo

12. MAIDEN NAME OF MOTHER Mary Ethel Sims

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTY) Monroe Co. Mo

14. INFORMANT Roscoe L. Dowell
(Address) Stoutsville Mo.

15. FILED 2/10, 1931 N. T. Bell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 4, 1931, that I last saw h. alive on Jan 4, 1931, and that death occurred, on the date stated above, at 9-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (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? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) N. T. Bell, M. D

1/4, 1930 (Address) Stoutsville 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: Stoutsville Cem. — DATE OF BURIAL: 1/5 1930

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.