

MAR 25 1931

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

Do not use this space.

6361

1. PLACE OF DEATH

67 County Mississippi
3 Township Springfield
City Charleston (No.)

Registration District No. 566
Primary Registration District No. 5762

File No.
Registered No. 15-
St. Ward

2. FULL NAME

(a) Residence. No. Lee Bone 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Near 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Near 40

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Laborer 2.37 (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mississippi County, Mo (STATE OR COUNTRY)

PARENTS 10. NAME OF FATHER Unknown 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Unknown 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY)

14. INFORMANT E. W. Hayes (Address) Charleston Mo.

15. FILED 2/16 1931 F. S. Vernon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

9 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1930 to July 15 1931 that I last saw him alive on July 15 1931, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary tuberculosis
L.S.H. (duration) 1 yrs. 2 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 108 If NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS Chemical symptoms (Signed) Frank S. Vernon, M. D. 19 (Address) Charleston 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 Oak Grove DATE OF BURIAL 2/16 1931

20. UNDERTAKER Lair and Co ADDRESS Charleston Mo.

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.

