

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

Do not use this space.

8622

1. PLACE OF DEATH

County Worth
Township Witchell
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 16912

File No.
Registered No. 8
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of Abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Premature
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chester King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Opal Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

14. INFORMANT Silas Thomas
(Address) Grant City

15. FILED 3-10-31 John C. Cress
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 31

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1931 to Feb 3 1931 that I last saw live alive on Feb 3 1931, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Immature - Baby
159 6 1/2 months
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Specimens sent to

(Signed) J. Ross M. D.

34, 1931 (Address) Grant City

*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 DATE OF BURIAL

Witchell Cemetery 2/4/31

20. UNDERTAKER ADDRESS

Arch. D. Dumble Grant City

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.

MISSOURI STATE BOARD OF HEALTH

7-1931

