9337-1

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

Do not use this space.

9337-1

1. PLACE OF DEATH Daviess County Mo Jamison Registration District No. 251 File No.
Township Grand River Primary Registration District No. 5350 Registered No.
City (No. St. Ward)

2. FULL NAME James Franklin Netherton
(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.

JUL 24 1931

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) Mar ~~30~~ 26 1931

7. AGE: YEARS | MONTHS | DAYS: 5 days | If LESS than 1 day, 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) Daviess Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Walter Netherton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Daviess County Mo
12. MAIDEN NAME OF MOTHER Naomi Truitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Jamisport Mo

14. INFORMANT Ida Netherton
(Address) Jameson Mo.

15. FILED June 13, 1931 Mrs. L. L. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1931

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1931, to March 30, 1931, that I last saw him alive on March 30, 1931, and that death occurred, on the date stated above, at 8 a.m.
THE CAUSE OF DEATH WAS AS FOLLOWS: Congenital Hydrocephalus

157A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 157A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. B. Graham M.D.
, 19 (Address) Jameson 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: Scotland Cemetry
DATE OF BURIAL: Mar 30 1931

20. UNDERTAKER: None
ADDRESS