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Do not use this space.

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

WRITE 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.

MAY 29 1931

1. PLACE OF DEATH
 County Polk Registration District No. 701
 Township Wagon Primary Registration District No. 4422
 City Ballwin (No. _____) St. _____ Ward _____

2. FULL NAME Harry Lightfoot Jr.
 (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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballwin, Missouri

13. NAME Harry Lightfoot Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Missouri

15. MAIDEN NAME Nannie Baxter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe, Missouri

17. INFORMANT (ADDRESS) Edward Phlegopol

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE May 16, 1931

19. UNDERTAKER (ADDRESS) White Funeral Home, Ballwin, Mo.

20. FILED 5-16-31 J. Roberts Registrar.

M MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/12, 1931, to 5/14, 1931

I last saw h. in alive on 5/14, 1931. Death is said to have occurred on the date stated above, at 3:25 P.

The principal cause of death and related causes of importance were as follows:
Scarlet Fever

Other contributory causes of importance:
acute hemorrhagic nephritis
acute endocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Doyle C. McEraw, M. D.
 (Address) Ballwin, Mo.

Date of onset
5/10/31

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