

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

Do not use this space.

22322

1. PLACE OF DEATH

County Demiseat
Township Hayti
City (No. _____) _____ St. _____ Ward _____

Registration District No. 653
Primary Registration District No. 6864

File No. _____
Registered No. 71

2. FULL NAME

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ mts.
8 22

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

9. BIRTHPLACE (CITY OR TOWN) Ark.
(STATE OR COUNTRY)

10. NAME OF FATHER Dick Green

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tex
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Pearlie Morrow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ala.
(STATE OR COUNTRY)

14. INFORMANT Dick Green
(Address) Cauthwaite R. I.

15. FILED 7-30, 1931 J. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29, 1931

17. I HEREBY CERTIFY, That I attended deceased from June _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:30 P. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
(clinical history, had no medical aid)
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Shower
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical history
(Signed) James P. Vickrey M. D.

6/30/1931 Braggadocio no

*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. (Cholera)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Cath. Cemetery June 30, 1931

20. UNDERTAKER Friends ADDRESS Braggadocio
220.

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.

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