

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

Do not use this space.

29026-B

**1. PLACE OF DEATH**

County Pemiscot  
Township Hallons  
City " (No. 43)

Registration District No. 656  
Primary Registration District No. 6281

File No. ....  
Registered No. ....  
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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-10-1931</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>24</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>L</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>
	10. Date deceased last worked at this occupation (month and year) ..... <u>L</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallons

13. NAME I H Wilberd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carthage, Mo.

15. MAIDEN NAME Raki Wilberd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Zion DATE 11, 1931

19. UNDERTAKER (ADDRESS) .....

20. FILED Nov 9, 1931 W. H. Anderson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Aug 10, 1931  
I last saw him alive on Aug 6, 1931. Death is said to have occurred on the date stated above) at ..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Shes colitis  
1193  
119

Other contributory cause of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? sk Was there an autopsy? yes

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) P. E. Cooper, M. D.  
(Address) Coates, Mo.

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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AD

