

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

Do not use this space.

41468

1. PLACE OF DEATH

County Linn
Township Yellow Creek
City St. Catherine (No. _____)

Registration District No. 496
Primary Registration District No. 5670

File No. _____
Registered No. 82
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.

Joseph Richard Lightfoot
St. Catherine
(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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 31</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>8</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>Infant</u>
	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) Linn County Mo

FATHER 13. NAME Chas. Gilbert Lightfoot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co Mo

MOTHER 15. MAIDEN NAME Alice M. Huffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

17. INFORMANT (ADDRESS) C. G. Lightfoot

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Hill DATE 12-6 31

19. UNDERTAKER (ADDRESS) Brookfield Mo

20. FILED 12-6 1931 C. E. Jackson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1931, to Dec 5, 1931

I last saw him alive on Dec 3, 1931. Death is said to have occurred on the date stated above, at 3 P m.

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

meningitis due to traumatic instrumental delivery
1600 / 1600
Other contributory causes of importance: 79A

9 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? If so, specify _____

(Signed) W. B. Simpson DR
(Address) Brookfield 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 very important.

