

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

Do not use this space.

20295^a
87.

1. PLACE OF DEATH
73 County Newton Registration District No. 609
Township Benton Primary Registration District No. 5809
City West Benton (No., St. Ward)

2. FULL NAME Billy Ray Walburn
(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) June 2, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

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) Newton County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Lloyd Walburn

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

12. MAIDEN NAME OF MOTHER Velma Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. Missouri

14. INFORMANT Lloyd Walburn
(Address) Island Mo. R#3.

15. FILED 10/10/32 P. E. Maruss
REGISTRAR
Butts

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1932

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 6, 1932, that I last saw him alive on June 6, 1932, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningitis
(duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) Probably injury to head from forceps delivery
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 160 B
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. R. Chas. ... M. D.
. 19 (Address) Stella, 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 Hazel Green Cemetery DATE OF BURIAL 6-7-1932

20. UNDERTAKER Calley & Thompson ADDRESS Neosho

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.

20295-2
MAY 25 1932

