

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

Do not use this space.

9345

1. PLACE OF DEATH

45 County Howard, Registration District No. 378
Township Richmond. Primary Registration District No. 5526
City (No. _____) St. _____ (Ward) _____
William Lightfoot Jr.

File No. _____
Registered No. 24

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) 2		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/24/33				
7. AGE	YEARS #	MONTHS I	DAYS 13	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.			
	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) Missouri				
FATHER	13. NAME William Lightfoot.			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
MOTHER	15. MAIDEN NAME Elizabeth Basket			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
17. INFORMANT Robt Basket. (ADDRESS) Payette, Mo.				
18. BURIAL, CREMATION, OR DISPOSAL PLACE City Cemetary DATE 3/8/33				
19. UNDERTAKER Guy T. Halley. (ADDRESS) Payette, Mo.				
20. FILED 38 1933 V. L. Bonham v.l.f. Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/5/33** 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **3-1**, 19**33**, to **3-6**, 19**33**
I last saw him alive on **3-5**, 19**33**. 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:
Pateur foreman orale
1590
159 **1590**
Other contributory causes of importance:
Premature birth

Name of operation **none** Date of _____
What test confirmed diagnosis? **Phys findings** Was there an autopsy? **no**

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) **Mr. J. Shaw**, M. D.
(Address) **Payette, 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.

APR 21 1933

