

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. NOV 10 1933

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

Do not use this space.

33465

1. PLACE OF DEATH

County Jasper
Township
City Webb City (No., St. Ward)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 80

2. FULL NAME Prematurely born infant of Lloyd M. Kilgore

(a) Residence, No. Webb City, Mo. St. Ward.

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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 27, 1933</u>		
7. AGE	YEARS	MONTHS
	<u>✓</u>	<u>✓</u>
		DAYS
		<u>✓</u>
		If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Mo.

13. NAME Lloyd M. Kilgore

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

15. MAIDEN NAME Emma Ruth Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prosser, Wash.

17. INFORMANT Lloyd M. Kilgore (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Cem. DATE 10/28 1933

19. UNDERTAKER Webb City Und. Co. (ADDRESS)

20. FILED 10/28, 1933 J. H. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct., 28 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/27 1933 to 10/28 1933. I last saw him alive on 10/27 1933 Death is said to have occurred on the date stated above, at 1:00 A.M. The principal cause of death and related causes of importance were as follows:

Premature birth-lame

Date of onset

Other contributory causes of importance:

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.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) P. M. Stout, M. D.
(Address) Webb City, Mo.

