

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

Do not use this space.

L

8781

**1. PLACE OF DEATH**

County Jackson  
Township Blair  
City Indy mo. (No. \_\_\_\_\_)

Registration District No. 398  
Primary Registration District No. 3019

File No. 121  
Registered No. 101  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 122 E 14<sup>th</sup> ave 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Baby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Indy mo.

13. NAME Lee Freed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14<sup>th</sup> Ave City mo.

15. MAIDEN NAME Julia Dougherty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater mo.

17. INFORMANT Lee Freed

(ADDRESS) 122 E 14<sup>th</sup> ave. Indy mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lobb Cemetery DATE Mar 15 - 1934

19. UNDERTAKER P. D. Owen Funeral Home

(ADDRESS) Independence mo.

20. FILED Mar. 14, 1934 Dr. F. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1934, to Mar 14, 1934

I last saw him alive on Mar 13, 1934. Death is said to have occurred on the date stated above, at 11 m.

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

159 Premature baby  
7 1/2 mo  
159  
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. \_\_\_\_\_

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  If so, specify \_\_\_\_\_

(Signed) J. B. Hickerson, M. D.

(Address) Independence 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.

