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.

JUN 27 1934

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

Do not use this space.

File No. 19250

Registered No.

1. PLACE OF DEATH

County: Texas

Township: Jackson

City: (No. , St. Ward)

Registration District No. 1171

Primary Registration District No. 6145

2. FULL NAME: Un named.

(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 8 34

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 3 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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): Licking Mo

FATHER

13. NAME: Lacy Radford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centerville Mo

MOTHER

15. MAIDEN NAME: Myrel Volner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Centerville Mo

17. INFORMANT (ADDRESS): Lacy Radford Licking

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Williams Cemetery DATE: May 9th, 1934

19. UNDERTAKER (ADDRESS): Neighbors

20. FILED: May 14th, 1934 Mrs Dora Gregory, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.

I last saw h alive on , 19. 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:

Premature Birth

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) Leslie Randolph, M. D.

(Address) Licking Mo