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.

AUG 16 1934

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

Do not use this space.

28119

1. PLACE OF DEATH
County Webster — Registration District No. 901 — File No. 21
Township W Dallas — Primary Registration District No. 6210 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Louie Clent Jack
(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 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3 - 1920
7. AGE: YEARS 14 — MONTHS 5 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... 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) Webster Co Mo

FATHER
13. NAME H. P. Jack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Mo - Co

MOTHER
15. MAIDEN NAME Alice New Comer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

17. INFORMANT (ADDRESS) H. P. Jack Fordland Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive DATE 6 - 28 1934
19. UNDERTAKER (ADDRESS) Kelly - Starr Fordland Mo
20. FILED July 27 1934 Nellie Wilkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1934
22. I HEREBY CERTIFY That I attended deceased from July 2, 19..., to July 21, 1934
I last saw him alive on July 20, 1934 Death is said to have occurred on the date stated above, at 6 10 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid Fever	7-2-34

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) E. C. Haile M.D., M. D.
(Address) Rogersville Mo