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

JAN 8 1935

Do not use this space.

File No. 2000

Registered No.

1. PLACE OF DEATH
County McDonald
Township Buffalo
City ..... No. ..... St. ..... Ward)

Registration District No. 142
Primary Registration District No.

2. FULL NAME Bobby Lee McIntire

(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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25-1931

7. AGE: Years 3 | Months 7 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. L
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) Mo

FATHER
13. NAME Luther McIntire
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

MOTHER
15. MAIDEN NAME Bertha Billings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Luther McIntire
(ADDRESS) Goodman Mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anderson Mo DATE 1/9 1935

19. UNDERTAKER Chas W. Williams
(ADDRESS) Goodman Mo

20. FILED 1/10 1935 Chas W Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935, to Jan 8, 1935
I last saw him alive on Jan 7, 1935. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

Measles and Pneumonia

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) C. A. Ellis, M. D.
(Address) Goodman Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 2
100M-11-24-33