

FEB 18 1936

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

Do not use this space.

790

1. PLACE OF DEATH

County Stuebelin Registration District No. 282
Township Union Primary Registration District No. 6401
City (No.) St. Ward)

File No.
Registered No. 3

2. FULL NAME

Unruand Lightfoot

(a) Residence, No. St. Ward.
(Usual place of abode)
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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8-1936</u>		
7. AGE	YEARS	MONTHS
<u>✓</u>	<u>✓</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		
11. Total time (years) spent in this occupation <u>✓</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Hilton Lightfoot

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

15. MAIDEN NAME Alvah Howard

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

17. INFORMANT Father (ADDRESS) Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE In casket DATE Jan 10 1936

19. UNDERTAKER None (ADDRESS)

20. FILED 1/10 1936 C. W. Anderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 10 1936 to Jan. 15 1936. I last saw him alive on Jan. 18 1936. Death is said to have occurred on the date stated above, at 7 a. m. The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance None

Name of operation None Date of
What test confirmed diagnosis? No Was there an autopsy? No

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? No
If so, specify
(Signed) M. A. Cone M. D.
(Address) Campbell 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.

