

REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

8 mos. 12 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Col

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)

6-27-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8

12

OCCUPATION

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

infant

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

0

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

Hayti - mo

FATHER

13. NAME

Henry Moore

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

Meridian - miss

MOTHER

15. MAIDEN NAME

Myrtle Jones

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

Canton - miss

17. INFORMANT (ADDRESS)

Henry Moore Hayti - mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Morgan Liberty

DATE

3-10

1938

19. UNDERTAKER (ADDRESS)

Wm. F. Smith Hayti - mo

20. FILED

3-11

1938

J. W. Rhodes

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 1, 1938 to March 9, 1938

I last saw him alive on March 1, 1938. Death is said

to have occurred on the date stated above, at 10 P. M.

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

Pneumonia
Otitis Media Acute Left

Date of onset

Other contributory causes of importance:

1074

Name of operation

Date of

What test confirmed diagnosis? SPS

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

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)

Audrey Hayti - mo

M. D.

(Address)

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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.

