

REC'D AUG 26 1938

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

Do not use this space.

26685

1. PLACE OF DEATH

County Stone
 Township Flat Creek
 City (No.) (No.) (Ward)

Registration District No. 1096
 Primary Registration District No. 6247

File No.
 Registered No.

2. FULL NAME Unnamed

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/7/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3

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) Mo 0

FATHER 13. NAME Jeff Meeks 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

MOTHER 15. MAIDEN NAME Jewell Bedsall

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

17. INFORMANT (ADDRESS) Jeff Meeks

18. BURIAL, CREMATION, OR REMOVAL PLACE Yorim Pond DATE 7/10/38

19. UNDERTAKER (ADDRESS) Mrs. H. Stutz

20. FILED 8/9 1938 L. H. Henry Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10/38

22. I HEREBY CERTIFY, That I attended deceased from 7/7/38 to 7/10/38. I last saw him alive on 7/7/38. Death is said to have occurred on the date stated above, at 3 A. m.

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

Premature Birth. Date of onset

Other contributory causes of importance: 159'

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 PSS

(Signed) L. H. Henry, M. D.

(Address) Beals Spring Mo

Exact statement of OCCUPATION is very important. Do not leave blank terms, so that it may be properly classified.

