

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

Do not use this space.

REC'D APR 18 1939

10475

1. PLACE OF DEATH

County Chariton 2
Township Inplace 1
City (No.) St. Ward)

Registration District No. 177
Primary Registration District No. 5748

File No. 22
Registered No. 36

2. FULL NAME

Loren Ray Folkes
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

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) March 5, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— — 8

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) Chariton Co. Mo.

FATHER
13. NAME Lawrence R. Folkes

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

MOTHER
15. MAIDEN NAME Sora Richeson

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

17. INFORMANT (ADDRESS) Lawrence R. Folkes, Grand, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury DATE 3/13 1939

19. UNDERTAKER (ADDRESS) Major Funeral Home, Brunswick, Mo.

20. FILED Mar 13 1939 R. P. Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1939

22. I HEREBY CERTIFY, That I attended deceased from March 5 1939 to March 10 1939

I last saw him alive on March 10 1939. Death is said to have occurred on the date stated above, at 12:50 A.M.

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

Premature Birth
7 days old
159
Date of onset

Other contributory causes of importance:
7 month child
Premature Birth

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? no
If so, specify
(Signed) J. L. Greer D.O. M. D.
Brunswick Mo. (Address)

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.

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RECEIVED

EDMUND HEALTH OFFICER No. 8,

Office File Number

4/13/39

Date Filed