

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

Do not use this space.

34546

FILED OCT 20 1943

**1. PLACE OF DEATH**

County Laird  
Township \_\_\_\_\_  
City Jamesport (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 98  
Primary Registration District No. 4163

File No. \_\_\_\_\_  
Registered No. 98 31

**2. FULL NAME**

(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.

JIMMY JOE CONCH

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant baby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 - 1943</u>		
7. AGE YEARS —	MONTHS —	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. —		11. Total time (years) spent in this occupation —
10. Date deceased last worked at this occupation (month and year) —		

OCCUPATION	11. Total time (years) spent in this occupation —
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamesport Mo</u>
	13. NAME <u>James Couch</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Belle Jo Bennett</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamesport Mo</u>
	17. INFORMANT (ADDRESS) <u>Ruth Stillwell Jamesport Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>pilot grave</u> no. <u>no</u> DATE <u>Sept 11 1943</u>	
19. UNDERTAKER (ADDRESS) <u>H.S. P. [unclear] Jamesport Mo</u>	
20. FILED <u>9-15-1943</u> <u>R.O. Jackson</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1943  
22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1943, to Sept 10, 1943.  
I last saw him alive on Sept 7, 1943. Death is said to have occurred on the date stated above, at 6 P.M.  
The principal cause of death and related causes of importance were as follows:

Prematurity  
Birth  
7 mo.

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 \_\_\_\_\_  
(Signed) F. B. Bailey M. D.  
(Address) Jamesport Mo

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.

