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

Do not use this space.

File No. 5723
Registered No. 2

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.

MAR 20 1928

1. PLACE OF DEATH
County: Morgan
Registration District No. 953
Township: Wide Creek
Primary Registration District No. 5797 B
Ward: Glenwood (No. ..... St. ..... Ward)

2. FULL NAME: Lowell-Earl Iglehart
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 14th 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co Mo

PARENTS
10. NAME OF FATHER: Lewis Iglehart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co Mo
12. MAIDEN NAME OF MOTHER: Lucy Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co Mo

14. INFORMANT: Lewis Iglehart
(Address): Glenwood Mo

15. FILED Feb 20 1928 Julius R. Cooper REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 18th 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1928, to Feb 18, 1928, that I last saw h. alive on Feb, 1914, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malformity and underdevelopment
15 D
15 C
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. A. Newton, M. D.
Feb 18, 1928 (Address) Versailles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Crystal Lake
DATE OF BURIAL: Feb 19th 1928

20. UNDERTAKER: Kuhlmann's Funeral Home
ADDRESS: Versailles Mo