

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.

JUN 28 1929

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

Do not use this space.

20427

1. PLACE OF DEATH

County Shelby Registration District No. 560
Township Jefferson Primary Registration District No. 6094
City Jefferson (No.) St. Ward

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. (If nonresident, give city or town and State)

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> </u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 4 - 1929</u>		
7. AGE <u>30 months</u>	YEARS <u> </u>	MONTHS <u> </u>
DAYS <u> </u>		IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u> </u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u> (c) Name of employer <u> </u>		

9. BIRTHPLACE (CITY OR TOWN) Clarence, Mo.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>West Wood</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Gladis Cooper</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT West Wood
(Address) Clarence, Mo.

15. FILED June 19, 1929 Mrs. Bernard G. Foxall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1929
17. I HEREBY CERTIFY, That I attended deceased from 11:30 minutes May 4 1929 that I last saw h. alive on May 4 1929 and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage due to birth injury (Breech extraction)
10-15 (duration) yrs. mos. ds. of generally contracted
CONTRIBUTORY (SECONDARY) self of mother (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
at place of death
IF NOT AT PLACE OF DEATH
DATE OF OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
May (Signed) D. J. Harlan, M. D.
Clarence, Mo. (Address)

*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 Maplewood cemetery DATE OF BURIAL May 5 1929
20. UNDERTAKER E. E. Hopper ADDRESS Clarence, Mo.

