

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

Do not use this space.

29395

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City Spring (No. July 1929)

File No.

Registered No. 8559

St. Ward)

2. FULL NAME

(a) Residence. No. 1721 Missouri St., 23 Ward. (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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moeris (STATE OR COUNTRY)

10. NAME OF FATHER Ivan Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Elizabeth Parker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

14. INFORMANT (Address) Ed Ruppel

15. FILED 19 Aug 11 Missouri REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1929

17. HEREBY CERTIFY, That I attended deceased from Aug 4 1929, to Aug 4 1929, that I last saw him alive on Aug 4, 1929 and that death occurred, on the date stated above, at 1721 Missouri.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Immaturity
about 7 months
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 161 W (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) R. Berg M. D.

1929 (Address) City, Moeris

*State the DISEASE CAUSING DEATH, or if 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 DATE OF BURIAL

ADDRESS 8-22-1929

20. UNDERTAKER E. Shannon 1436 Land

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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