

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

Do not use this space.

9412 - A

23 1930

1. PLACE OF DEATH

County Oregon
Township Woodstock
City (No.) (St.) (Ward)

Registration District No. 636
Primary Registration District No. 5843

File No.
Registered No. 9

2. FULL NAME

not named Sifford

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) march 17 1930

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

17. I HEREBY CERTIFY, That I attended deceased from march 11 1930, to march 11 1930, that I last saw him alive on 11 march 1930, and that death occurred, on the date stated above, at 18 p m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) march 11 1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS 6 IF LESS than 1 day, hrs. or min.

premature

8. OCCUPATION OF DECEASED

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

159
16/18 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) Oregon, Co (STATE OR COUNTRY) me

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Albert Sifford

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Oregon, Co me

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

12. MAIDEN NAME OF MOTHER Velta Jackson

(Signed) H. B. Frost, M. D.

, 19 (Address) Altamonte, Mo

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

*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.

14. INFORMANT (Address) Albert Sifford
Altamonte, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 7/10 1930 Ernest Bailey REGISTRAR

Smyrna 9/18 1930
20. UNDERTAKER ADDRESS neighbor

CAUSE OF DEATH in plain terms, so that it may be properly understood.

