

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

Do not use this space.

1. PLACE OF DEATH

County Pittsburg Registration District No. 668
 Township Hughsville Primary Registration District No. 5887
 City (No. _____) _____ St. _____ Ward _____

File No. 13501
 Registered No. 99
 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. 2 mos. 4 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 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 Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-3-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 4

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.

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

10. NAME OF FATHER J. P. Phillips

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

12. MAIDEN NAME OF MOTHER Avery Louise

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

14. INFORMANT J. P. Phillips
 (Address) San Martha Mo

15. FILED 4-10-1932 J. P. Phillips REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1932

17. I HEREBY CERTIFY, That I attended deceased from April 8, 1932 to April 9, 1932 that I last saw him alive on April 9, 1932 and that death occurred, on the date stated above, at 10 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia following whooping cough

(duration) yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) none (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical diagnosis
 (Signed) Chapman M. D.

(Address) St. John 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 La Monte Cemetery DATE OF BURIAL 4-11 1932

20. UNDERTAKER W. C. Westbrook ADDRESS Houston

