

JUN 27 1935

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

Do not use this space.

20786

1. PLACE OF DEATH

County..... Ray Registration District No. 744
Township..... Richmond Primary Registration District No. 547613 3035
City..... P.F.D. (No., St., Ward)

File No.
Registered No. 48

2. FULL NAME

Infant of Mr & Mrs J. H. Lile Jr.
(a) Residence, No. Larry Joe Lile St., 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 m 4. COLOR OR RACE w 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) June 1, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 5⁰

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

13. NAME James Henry Lile Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

15. MAIDEN NAME Nelson Bisbee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

17. INFORMANT (ADDRESS) J. H. Lile Jr. Richmond PFD

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE June 19, 1935

19. UNDERTAKER (ADDRESS) Family

20. FILED 6-1 1935 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 1, 1935 to June 1, 1935
I last saw him alive on June 1, 1935 Death is said to have occurred on the date stated above, at 2:50 A.M.
The principal cause of death and related causes of importance were as follows:

Premature Birth
Other contributory causes of importance: 107

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. E. Ray, M. D.
(Address) Richmond Mo

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.

