

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

1 PLACE OF DEATH

County St. Francois
Township
or
Village
or
City Elvins (NO. St. Ward)

Registration District No. 772 File No. 211791

Primary Registration District No. 4463 Registered No. 16

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME No Name

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
6 DATE OF BIRTH Mch 15 9/6
(Month) (Day) (Year)
7 AGE If LESS than 1 day hrs. or 30 min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Elvins, Mo.

PARENTS
10 NAME OF FATHER Hayd Oscar Haaver
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Elvins, Mo.
12 MAIDEN NAME OF MOTHER Rodie O'Kennon
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hayd O. Haaver
(Address) Elvins, Mo.

15 Filed 3/15 1916 W. C. Rhee
Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 15 1916, to March 15 1916, that I last saw h. un. alive on March 15 1916, and that death occurred, on the date stated above, at 11:00 a.m.

The CAUSE OF DEATH* was as follows:
Premature Child birth
159
(Duration) MI yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) G. H. McDowell M. D.
3/15 1916 (Address) Elvins, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?

19 PLACE OF BURIAL OR REMOVAL Elvins DATE OF BURIAL 3-15 1916
20 UNDERTAKER none ADDRESS

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.

