

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

Do not use this space.

11643

1. PLACE OF DEATH
 County Jackson Registration District No. 389
 Township Wm Primary Registration District No. 1002
 City Jackson (No. 127 in Jackson) St. Ward
 2. FULL NAME Baby
 (a) Residence, No. 127 W. Jackson 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

3. SEX Female
 4. COLOR OR RACE Wht
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby
 5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 - 27
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Wm
 (STATE OR COUNTRY) _____
 10. NAME OF FATHER Chester
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wm
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Leta
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wm
 (STATE OR COUNTRY) _____
 14. INFORMANT Chester
 (Address) 127 W. Jackson
 15. FILED 4/5 1927 M. M. Cronin
 REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 4 1927
 17. I HEREBY CERTIFY, That I attended deceased from Apr. 4 1927, to Apr. 4 1927, that I last saw him alive on Apr. 4, 1927, and that death occurred, on the date stated above, at 9 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Infant - (6 1/2 mos.)
Inappropiate Development
159
158
 CONTRIBUTORY (SECONDARY) 161
 (duration) yrs. mos. ds. 10 min
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: No DATE OF _____
 WAS THERE AN AUTOPSY: No
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) Edw. A. Schuyler, M. D.
 1927 (Address) Wm
 *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 Elmwood DATE OF BURIAL Apr 5 1927
 20. UNDERTAKER Kettard ADDRESS city

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.

