

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

Do not use this space.

24028

1. PLACE OF DEATH

County Wendell
Township
City Malden Mo. (No.)

Registration District No. 289
Primary Registration District No. 4173

File No.
Registered No. 32
St. Ward)

2. FULL NAME

Died unnamed

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12-1927

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
0 0 0 8 hrs. or 30 min.

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) Infant
(c) Name of employer Infant

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

10. NAME OF FATHER Elvin McLendon

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know.

12. MAIDEN NAME OF MOTHER Letha Silman

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

14. INFORMANT Bethnie Silman
(Address) Malden Mo.

15. FILED 8-13 1927 L.E. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12 1927

17. I HEREBY CERTIFY, That I attended deceased from 8/12, 1927, to 8/13, 1927 that I last saw him alive on Dead 8/13, 1927, and that death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

atelectasis
159
161
(duration) yrs. mos. 30 min

CONTRIBUTORY (SECONDARY) Primature birth
born at 7 mo

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

0 DID AN OPERATION PRECEDE DEATH. no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. clinical history
(Signed) L.E. Mitchell, M. D.
8-13 1927 (Address) Malden 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 Malden Mo. DATE OF BURIAL 8-13 1927

20. UNDERTAKER H. L. Craig ADDRESS Malden

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.

