

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.

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

Do not use this space.

33944

1. PLACE OF DEATH

County Laclede
Township Laban
City St. Louis (No. 1409 Ward)

Registration District No. 4469
Primary Registration District No. 5609

File No. 1409
Registered No. 1409

2. FULL NAME

(a) Residence. No. 1409 St. 1409 Ward. 1409
(Usual place of abode)
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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1927

7. AGE YEARS MONTHS DAYS 3 IF LESS than 1 day, hrs. or 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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Laclede Co Mo

10. NAME OF FATHER

W E Barclay

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Laclede Co Mo

12. MAIDEN NAME OF MOTHER

Maud Elipander

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Laclede Co Mo

14.

INFORMANT W E Barclay
(Address) Laban Mo 1409

15.

FILED 11/11 1927 J P Murphy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/7 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 7 1927 to Nov 7 1927

that I last saw him alive on Nov 7 1927, and that death occurred, on the date stated above, at 108 101 W

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Cerebral

(duration) yrs. mos. ds. 108 101 W

CONTRIBUTORY (SECONDARY)

Rickets (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF none

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) J P Murphy M. D.

(Address) Laban 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

DATE OF BURIAL

Grange Hall Cem Nov 9 1927

20. UNDERTAKER

ADDRESS

Holman & Stewart Laban Mo

