

At 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.

1. PLACE OF DEATH

County *New Madrid*

Registration District No. *345*

Township *Big Prairie*

Primary Registration District No. *5800*

City *New Madrid* (No.)

File No. *37648-A*

Registered No.

St. Ward)

2. FULL NAME *Infant Mrs. Mrs. Alfred Hill*

(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 *Female*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *child*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 31 1927*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 4 hrs. or min.

6

0

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *child*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *New Madrid*

(STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *Alfred Hill*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Madison*

(STATE OR COUNTRY) *Mo*

12. MAIDEN NAME OF MOTHER *Virginia Backs*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St Louis*

(STATE OR COUNTRY)

14.

INFORMANT *Alfred Hill*
(Address) *Madison*

15.

FILED *9*, 1928 *D G Childs*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 31 1927*

17.

I HEREBY CERTIFY, That I attended deceased from *12-31-1927*, to *12-31-27*, 19 *27*, that I last saw him alive on *12-31-1927*, and that death occurred, on the date stated above, at *11 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159
Premature Birth
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.

(Signed) *W. H. Freeman*, M. D.

Dec 31, 1927 (Address) *St Louis 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

Madison

11 1928

20. UNDERTAKER

ADDRESS

H. W. V. V. V.

St Louis Mo

