

MAR 23 1928

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

Do not use this space.

12.909#
④

1. PLACE OF DEATH

County HowellRegistration District No. 384

File No. _____

Township _____

Primary Registration District No. 4877

Registered No. _____

City West Plains Mo. (No. _____)

St. _____ Ward _____

2. FULL NAME

Infant Son Karl Piruack(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Ma

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)

1-16-1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2 1/2 hours

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)

West Plains Mo.

10. NAME OF FATHER

Karl Piruack

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Plains Mo.

12. MAIDEN NAME OF MOTHER

Irene Fuller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Plains

14. INFORMANT

(Address)

Mary Piruack
West Plains

15.

FILED

2-10-28 O.P. Heinrich

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-17-1928I HEREBY CERTIFY, That I attended deceased from 1-16-1928 to 1-17-1928that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Both Inguine Transverse presentation with prolapse of head, am. & cord. Operation = Version & Extraction w. forceps to head. (duration) yrs. mos. da.

CONTRIBUTORY

(SECONDARY)

160# / 61# (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAICTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. Claude Bohrer, M. D.2-10-1928 (Address) West Plains, 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

Oak Lawn Cem.1-17-1928

20. UNDERTAKER

ADDRESS

M. Farland Und Co.West Plains, Mo.

PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. N. H.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

