

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

Do not use this space.

8545

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2001 Registered No. 190
City Springfield (No. Unknown) St. _____ Ward _____

2. FULL NAME

Unknown infant girl
(a) Residence. No. Unknown 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child 1948
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mine
(Address)

15. FILE NO. 3/15/28 REGISTRAR O. H. Hunt, M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) about 3/9/28

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at Unknown

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulation, autopsy showed that baby was born alive, no evidence to show strangulation was accidental or intentional (duration) (over)

18. WHERE WAS DISEASE CONTRACTED 225 B
IF NOT AT PLACE OF DEATH? _____

9. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Jewell E. Alford, M.D.

, 19____ (Address) SPRINGFIELD 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 Hazelwood, Gre DATE OF BURIAL 3/13/28

20. UNDERTAKER Clara Schueger ADDRESS 534 S. 11th

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.

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Baby was picked up on a trip made
by garbage collector, but was not
discovered until body was hauled about
7 miles north of Springfield, and garbage
was dumped to logs.

Baby was 20 inches long, weight about
7 1/2 or 8 lbs. fully developed. Evidently
was born not over 24 hours before
body was discovered.

Autopsy showed child had lived, but
impossible to say if it had been
murdered or died from neglect, which
seems likely —

Jewell E. Kudd
Coroner
Greene Co —