

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

Do not use this space.

8694

1. PLACE OF DEATH

County Howard
Township Calumet
City Stasgow

Registration District No. 379
Primary Registration District No. 4223

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Infant

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>2</u> hrs. or <u> </u> min.
	0	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer _____

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

10. NAME OF FATHER Morris Shengshary

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

12. MAIDEN NAME OF MOTHER Eda Benson

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

14. INFORMANT Morris Shengshary
(Address) Stas

15. FILED 3/30 1928 Ch Temple
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1928

17. I HEREBY CERTIFY That I attended deceased from 3-28, 1928, to 3-29, 1928, that I last saw him alive on 3-29-28, 1928, and that death occurred, on the date stated above, at 6:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 11 a.m.

Premature Birth
(6 mos) Induced by
influenza 3a (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159 / 10/10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Ch Temple, M. D.

3-28, 1928 (Address) Stasgow 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 Washington County DATE OF BURIAL Mar 30 1928

20. UNDERTAKER E. A. Overglow ADDRESS Stasgow Mo.

M. 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.

25 1928

