

25 1828

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

Do not use this space.

8697

1. PLACE OF DEATH

County Howard
Township Washington
City Glasgow (No.)

Registration District No. 379
Primary Registration District No. 4223

File No.
Registered No.
St.

2. FULL NAME

Infant C

(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 Female 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, 93 hrs. or 3 min.

B. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Maurice Shangkuy

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

12. MAIDEN NAME OF MOTHER Lia Benson

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

14. INFORMANT Maurice Shangkuy
(Address) Glasgow Mo

15. FILED 3/30 28 C. H. Temple
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1928

17. I HEREBY CERTIFY That I attended deceased from 3-29 1928 to 3-29 1928 (that I last saw him alive on 3/29 1928, and that death occurred, on the date stated above, at 10:50 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
(6 Mo) induced by
Influenza (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 159 / 6 / 11 (duration) yrs. mos. da.

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) C. H. Temple, M. D.
3-29, 1928 (Address) Glasgow 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 Cemetery DATE OF BURIAL Mar 30 1928

20. UNDERTAKER E. R. Wenger ADDRESS Glasgow Mo

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.

