

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

Do not use this space.

**8734**

1. PLACE OF DEATH  
 County Inver Registration District No. 392 File No. \_\_\_\_\_  
 Township Cascade Primary Registration District No. 4231 Registered No. 6  
 City Pilot 7 (No. \_\_\_\_\_) St. \_\_\_\_\_ Word \_\_\_\_\_

2. FULL NAME Unnamed Infant of Ethel Toth  
 (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. one ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Girl 4. COLOR OR RACE white 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) \_\_\_\_\_

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

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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
near her baby, also, 19\_\_\_\_, and that I last saw her \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asphyxiation

18 2  
19 28 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Neglect (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General appearance  
 (Signed) Edward R. Bamblume, M. D.  
3-28, 1928 (Address) Inver, 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.

9. BIRTHPLACE (CITY OR TOWN) Pilot Knob, Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Adrian Bell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ethel Toth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pilot Knob, Mo  
 (STATE OR COUNTRY)

14. INFORMANT Steve Toth  
 (Address) Pilot Knob, Mo

15. FILED 3-28-28 L. J. Effinger REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pilot Knob, Mo DATE OF BURIAL 3/28 1928

20. UNDERTAKER H. B. White & Son ADDRESS Woods  
one

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

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STATE OF TEXAS, COUNTY OF DALLAS

STATE OF TEXAS, COUNTY OF DALLAS

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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Iron

Registration District No. 392

File No. ....

Township .....

Primary Registration District No. 4231

Registered No. 6

City Pilot Knob (No. ....)

St. .... Ward .....

**2. FULL NAME**

unnamed Toth

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 27 1928

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

**8. 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) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED May 11 1928 L. J. Effinger REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 28 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....., and that I last saw him ..... slip on ..... 19....., and that death occurred, on the date stated above, at .....

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Supp. infection in a cold  
not covered with feather bed  
weather was young and found the  
deceased dead. (duration) yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Neglect (duration) yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 180

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ....., M. D. , 19 (Address)

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

N. B.—Every item on this form should be filled in. If the family physician should be consulted, his name and address should be given. If the cause of death is not known, the physician should be consulted. If the cause of death is not known, the physician should be consulted. If the cause of death is not known, the physician should be consulted.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-8734