JUL 26 1928

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

Do not use this space.

21237

1. PLACE OF DEATH
County Madison — Registration District No. 538 — File No.
Township Polk — Primary Registration District No. 57542 — Registered No.
City — (No. ... St. ... Ward)

2. FULL NAME Unnamed Infant
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12, 1928
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 10 hrs. or ... min.
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): Madison, Co.

PARENTS
10. NAME OF FATHER: Benjamin Walter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.
12. MAIDEN NAME OF MOTHER: Gertrude Howell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Mo.

14. INFORMANT (Address): Benj. Walter Fredericktown Mo.
15. FILED 6-30 1928 C. U. Dawn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12 1928
17. I HEREBY CERTIFY, That I attended deceased from 6-12, 1928, to 6-12, 1928, that I last saw ... alive on 6-12, 1928, and that death occurred, on the date stated above, at 10 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth. Cause not known
161a (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) ... (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) W Harry Barron, M. D
6/13, 1928 (Address) Fredericktown 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: Cake Grove, Cem. — DATE OF BURIAL: June 13 1928
20. UNDERTAKER: Ed. H. Webb — ADDRESS: Fredericktown Mo.