

no two

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

Do not use this space.

30257

1. PLACE OF DEATH

County Greene
Township Center
City (No.)

Registration District No. 3511
Primary Registration District No. 51

File No. 20
Registered No.
St. Ward

2. FULL NAME unnamed Hash

(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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-18-28
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. or min.

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)

9. BIRTHPLACE (CITY OR TOWN) Greene Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER father Hash

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

12. MAIDEN NAME OF MOTHER Grace Tatum

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

14. INFORMANT Mrs Mary Tatum
(Address) Paris Ware

15. FILED 9/25 1928. L. E. Hoyal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-19-1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw her alive on 9-18-1928, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity
1610
CONTRIBUTORY (SECONDARY)

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

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas H. McHaffee, M. D
9-19-1928 (Address) ash Grove, 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 Paris Ware DATE OF BURIAL 9-19 1928

20. UNDERTAKER Rufear Hoyal ADDRESS Paris Ware

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.

