

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.

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

Do not use this space.

1453

1. PLACE OF DEATH

County Jackson
Township Law
City N.C. 2222

Registration District No. 399
Primary Registration District No. 1002
(No. 803 Van Brunt)

File No. 40
Registered No. 10
St. Ward

2. FULL NAME

Junior William Satterlee
(a) Residence, No. 803 Van Brunt St., 10 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) Single

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(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) N.C. Mo.

10. NAME OF FATHER Marion C. Satterlee

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

12. MAIDEN NAME OF MOTHER Thelma Johns

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

14. INFORMANT Marion C. Satterlee
(Address) 803 Van Brunt Blvd

15. FILED 1/4 29 M. M. Corrine
REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-3-1929

17. I HEREBY CERTIFY, That I attended deceased from 12/27/28, 1928, to 1-3, 1929, that I last saw him alive on 12/31, 1928, and that death occurred, on the date stated above, at 5:30 AM, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis
157
161A

(duration) yrs. mos. ds. 5
CONTRIBUTORY Premature birth
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 161A
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. C. Slaughter, M. D.
1/4, 1929 (Address) #507 Duane Ave

*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 St. Marys DATE OF BURIAL Jan 5 1929

20. UNDERTAKER Mrs. G. L. Foster ADDRESS K.C. Mo.

21. 5. 1948

B. 1532

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705 B. 150