APR 30 1929

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

Do not use this space.

3173-a

1. PLACE OF DEATH
County St Clair — Registration District No. 764 — File No.
Township Center — Primary Registration District No. 6007 — Registered No. 3
City (No. St. Ward)

2. FULL NAME Not Named
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) Jan 18 Th 5 Pm

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 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) St Clair Co Mo

PARENTS
10. NAME OF FATHER J Ward Carl
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri City (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Ethel Abraham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Clair Co Mo

14. INFORMANT J Ward Carl (Address) Osceola Mo

15. FILED Mar 17, 1929 George Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 Th 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 that I last saw him alive on Jan 18 Th, 1929, and that death occurred, on the date stated above, at 11.55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 Ad

(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) G D Dalglish, M. D
, 19 (Address) Osceola 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: Kidds Chapel — DATE OF BURIAL: Dont and 19

20. UNDERTAKER: Butcher & Smith — ADDRESS: Osceola 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.