

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

Do not use this space.

6314

1. PLACE OF DEATH

County Jasper Registration District No. 10 34 File No. 1
 Township Felersky Primary Registration District No. 5547 Registered No. 2
 City (No.) St. Ward)

2. FULL NAME

(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 Girl 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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or ... min.
Feb | 2

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

9. BIRTHPLACE (CITY OR TOWN) Eight Miles East of Annapolis, Md
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles Lester
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iron Co, Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Grace Thompson
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iron Co, Mo
 (STATE OR COUNTRY)

14. INFORMANT Edward Sutton
 (Address) Annapolis, Md

15. FILED 2.3.29 Miss May Hearshaw
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 19 29

17. I HEREBY CERTIFY, That I attended deceased from ✓ 19... to ✓ 19...
 that I last saw h. alive on 19... and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Undeveloped Infant

158

(duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 100
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY No.

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Edward L. G. Bamhous
 , 19 (Address) Ironton, Mo, Coover

*State the DISEASE CAUSING DEATH, or in deaths from Violent Causes (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marble Creek DATE OF BURIAL 2-3 1929

20. UNDERTAKER White ADDRESS Annapolis

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.

MAH 22 1929

