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

Do not use this space.

13566

1. PLACE OF DEATH
County: Taney
Township: Big Creek
City: ..... (No. ..... St. ..... Ward)

Registration District No. 858
Primary Registration District No. 6126

File No. .....
Registered No. .....

MAY 29 1929

2. FULL NAME: Infant Cavins

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S

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, 14 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): Ocie
(STATE OR COUNTRY): Taney Co Mo

PARENTS

10. NAME OF FATHER: Jesse Cavins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Okla
12. MAIDEN NAME OF MOTHER: Dulsie Faber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Nance
(STATE OR COUNTRY): Mo

14. INFORMANT: Lonnie Faber
(Address): Ocie

15. FILED: 5-18, 1929 James Wolf
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-9 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-8, 1929 to 3-9, 1929 that I last saw her alive on 3-8, 1929 and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sick from birth
Bound of Pneumonia
mother (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no. DATE OF no
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) Fm Callen, M. D
, 19 (Address) Protem 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: Nance Cem
DATE OF BURIAL: 3-10 1929

20. UNDERTAKER: Jack Blanton
ADDRESS: Ocie 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.