

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

Do not use this space.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

11 1929

1. PLACE OF DEATH
 County Butler Registration District No. 890
 Township Poplar Bluff Primary Registration District No. 333
 City (No. St. Ward)
 2. FULL NAME unnamed infant of Anne Triggell
 (a) Residence. No. St. Ward. (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.

27114
 File No.
 Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-24-29
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3
 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) Infant
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Green Hill, Tenn.
 (STATE OR COUNTRY) RR# 3 Poplar Bluff Mo

10. NAME OF FATHER unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Anne Triggell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Marys
 (STATE OR COUNTRY)

14. INFORMANT Frank J. Ingham
 (Address) Poplar Bluff Mo

15. FILED 8-29 1929
W. G. Gill REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-27 1929
 17. I HEREBY CERTIFY, That I attended deceased from 8-24, 1929 to 8-27, 1929 that I last saw her alive on 8-27, 1929 and that death occurred, on the date stated above, at 6 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159
16100
 (duration) yrs. mos. 3 ds.
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF none
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Thos. Hinchey, M. D.
9-5-29 (Address) Poplar Bluff 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 Green Hill Cem. DATE OF BURIAL Aug 28 1929

20. UNDERTAKER By Family ADDRESS

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