

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

Do not use this space.

27622

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Farmington, Mo. St. _____ Ward _____

File No. _____
Registered No. 280

2. FULL NAME

Baby Cathy
(a) Residence No. 215 A Holly 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15 - 1929

| | | | | |
|--------|-------|--------|------|--------------------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ____ hrs. or ____ min. |
| | 0 | 0 | 0 | 2 |

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) Farmington Station
(STATE OR COUNTRY) Kadilly Mo.

10. NAME OF FATHER Geo. O. Cather

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pitts Co.
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Bessie Green

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

14. INFORMANT Geo. O. Cather
(Address) 115 A Holly

15. FILED 8-15-29 FL Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 1929 to Aug 15 1929 that I last saw her alive on Aug 15 1929 and that death occurred, on the date stated above at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
(about 7 months)

159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10/10 (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) F. L. Cook, M. D.

Aug 15 1929 (Address) Independence
*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hopewell Cem. Sedalia
DATE OF BURIAL 8-15-29

20. UNDERTAKER Ed. Carson & Son
ADDRESS Ind. 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.

78
25
1929

