

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

Do not use this space.

276462

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File No.
Registered No.
St. Ward)

1. PLACE OF DEATH Jackson Registration District No.
County Franklin Primary Registration District No.
Township Transas City No. Evangelical Ave
City St. Louis No. St. Ward)

2. FULL NAME Catherine Stivinc
(a) Residence. No. 720 Walnut St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 - 1929

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 - 1929

17. HEREBY CERTIFY, That I attended deceased from June 17th, 1929, to Aug 2nd, 1929, that I last saw her alive on Aug 2nd, 1929, and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
malnutrition and Inanition
159
(duration) ... yrs. 1 mos. 25 ds.
CONTRIBUTORY Premature birth, 7 months gestation
(SECONDARY)
(duration) ... yrs. 2 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH,
DID AN OPERATOR PRECIPITATE DEATH? no DATE OF
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS Chemical & voluntary feeding
(Signed) George R. Haqq, M. D.
Aug 3, 1929 (Address) North Kansas City, Mo.

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Stivinc

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Denver
(STATE OR COUNTRY) Colo

*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.

14. INFORMANT John Stivinc
(Address) 720 Walnut St

15. FILED 8-3-29 M. M. Crowl REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys Cem DATE OF BURIAL Aug 3 1929

20. UNDERTAKER John W. Wagner ADDRESS 1429 Grand

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.

