

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

Do not use this space.

28407

1. PLACE OF DEATH

County Moniteau
Township Pilot Grove
City..... (No.)

Registration District No. 577
Primary Registration District No. 5775

File No.
Registered No. 8
St. Ward

2. FULL NAME

Country Infant - deceased
(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 Male 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) Aug 1/29

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

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)

9. BIRTHPLACE (CITY OR TOWN) Home
(STATE OR COUNTRY) Moniteau Co, Mo

10. NAME OF FATHER Arley Bowles

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

12. MAIDEN NAME OF MOTHER Blakely

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

14. INFORMANT Arley Bowles
(Address) Postburg Mo R1

15. FILED 9-9-1929 Jm Robertson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1929 to Aug 1 1929 that I last saw alive on Aug 1 1929, and that death occurred, on the date stated above, at 12 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature labor at 15 1/2 months

Baby w/ed 2 hrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) H/W (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H.S. Blackstein M. D.
8-3-1929 (Address) Warrensburg Mo R1

*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 Home DATE OF BURIAL Aug 2 1929

20. UNDERTAKER Home ADDRESS

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.

