

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

Do not use this space.

31275

1. PLACE OF DEATH

County Linn

Registration District No. 496

File No.

Township Brookfield

Primary Registration District No. 3025

Registered No. 78

City Brookfield (No.) St. Ward)

2. FULL NAME

Infant Daughter Harry & Parson

(a) Residence. No. 224 Monroe St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

White

Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1929, 1929, to Sept 25 1929, 1929 that I last saw h. or alive on Sept 25 1929, 1929, and that death occurred, on the date stated above, at 8:30 a. m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 25-1927

Premature Birth (6 mo gestation)

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

CONTRIBUTORY (SECONDARY) 100% (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

9. BIRTHPLACE (CITY OR TOWN) Brookfield (STATE OR COUNTRY)

IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER Harry & Parson

DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bedford (STATE OR COUNTRY) Iowa

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Marie Galliher

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) manly place (STATE OR COUNTRY) Iowa

(Signed) Gene Evans M. D. (Address) Brookfield, Mo

14. INFORMANT Harry Parson (Address) 224 Monroe St

*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.

15. FILED Sept 25 1929 Thos. P. Fox REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rose Hill DATE OF BURIAL 9/25/1929

20. UNDERTAKER Hunter, Rollins ADDRESS Brookfield Mo

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

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1-1-29

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