

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

Do not use this space.

1418

**1. PLACE OF DEATH**

County Backson  
Township Mass  
City St. Charles

Registration District No. 399  
Primary Registration District No. 20  
(No. 3871 East 59<sup>th</sup> Ter)

File No. \_\_\_\_\_  
Registered No. 410  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3871 East 59<sup>th</sup> Ter 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.

Baby Mack

**PERSONAL AND STATISTICAL PARTICULARS**

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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 28 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 1/2 hrs. or \_\_\_\_\_ min.  
no no no

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Charles  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER May Mack

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

14. INFORMANT Mrs. M. Mack  
(Address) 3871 East 59<sup>th</sup> Ter

15. FILED 1/28 30 M. M. Crowe  
REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 28 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 28  
Jan 28, 1930, to 1 - 23 -, 1930  
that I last saw her alive on 1 - 23 -, 1930, and that death occurred, on the date stated above, at 10 - 30 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature  
15 1/2 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Child  
(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) Missie P. M. P. Crowe, M.D.  
1-23-19 (Address) 304 New Center Bldg.

\*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 Hegland Park Cem DATE OF BURIAL Jan 30 1930

20. UMBERTAKER A. P. Doehler ADDRESS 1415 E 15

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.

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