MAR 05 1930

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

Do not use this space.

4139

11
5
9

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 204

City St Joseph (No. Mercy Hospital St. Ward)

2. FULL NAME Female Bever

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 16, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,
	0	0	0	2 hrs. or 45 min.

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) St Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Lloyd Bever

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Burlington Jct
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ester Colter

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

14. INFORMANT Lloyd Bever
(Address) Burlington Jct. Missouri

FEB 17 1930

15. FILED 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1930, to Feb. 16, 1930 that I last saw her alive on Feb. 16, 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

post partum suffocation
160B
159

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Premature Birth

7 mo (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1610

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. E. Wallace M. D.

Feb. 16, 1930 (Address) Burlington Jct, Mo.

*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	DATE OF BURIAL
Burlington Jct. Mo	Feb. 17 1930
20. UNDERTAKER	ADDRESS
H. C. Sidenfaden	1802 Union

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.