

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8247

1. PLACE OF DEATH

County DunklinRegistration District No. 284

File No.

Township FreebornPrimary Registration District No. 5403Registered No. 9

City

(No.)

St. Ward)

2. FULL NAME Unmarried

(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

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) 3-13-30

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

001/2

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

9. BIRTHPLACE (CITY OR TOWN) Mo

(STATE OR COUNTRY)

10. NAME OF FATHER Guy Elders

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ark.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Edna Hutchinson13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo

(STATE OR COUNTRY)

14.

INFORMANT Geo Hutchinson

(Address)

15.

FILED 3-14-30 J. B. Steinmetz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-13 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

that I last saw h alive on 19....., and that death occurred, on the date stated above, at 9:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
154

CONTRIBUTORY (SECONDARY)

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) B. Steinmetz, M. D.3-14, 1930 (Address) Clarkton 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

Clark Grove3-14 1930

20. UNDERTAKER

ADDRESS

Geo HutchinsonClarkton

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 200 million to 400 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.