

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

Do not use this space.

12257

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 3016
 City Washington (No.) St. Ward)

File No.
 Registered No. 98

2. FULL NAME Baby Pues

(a) Residence. No. 610 W. Second St. 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) April 26, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .. hrs. or .. min.
0 0 0 5

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).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Washington
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Louis G. Pues

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

12. MAIDEN NAME OF MOTHER Pauline Toben

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

14. INFORMANT Louis G. Pues
 (Address) 610 West Second St.

15. FILED 4/26, 30 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1930 to April 26, 1930 that I last saw him alive on Apr. 26 1930 and that death occurred, on the date stated above, at 9:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Placenta Previa
 (duration) .. yrs. .. mos. .. ds.
 CONTRIBUTORY (SECONDARY) Placenta Previa
 (duration) .. yrs. .. mos. .. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF ..

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Placenta Previa
 (Signed) Robert R. Decker M. D.
4/26, 1930 (Address) Washington 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 Catholic Cemetery, Washington DATE OF BURIAL 4/26 1930

20. UNDERTAKER Mo. ADDRESS Otto & Co., Washington, Missouri.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 26 1930
 MAY 26 1929

