

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.

JUN 25 1930

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

Do not use this space.

15721

1. PLACE OF DEATH

County Dade
Township S. Morgan
City Dadeville Mo (No.)

Registration District No. 235
Primary Registration District No. 5320

File No.
Registered No. 4
St. Ward)

2. FULL NAME

unnamed Infant

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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)

May 7-1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

3

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) (STATE OR COUNTRY)

Dadeville Mo.

10. NAME OF FATHER

M.E. Mays

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

Mo

12. MAIDEN NAME OF MOTHER

Ritchey

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

Mo

14. INFORMANT

(Address)

M.E. Mays
Dadeville, Mo

15. REGISTRAR

May 10, 1930 Morris Miller

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May-10 1930

17.

I HEREBY CERTIFY, That I attended deceased from May 7, 1930, to May 9, 1930 that I last saw her alive on May 9 3:45 a, 1930 and that death occurred, on the date stated above, at 3:45 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hematuria

133C

CONTRIBUTORY (SECONDARY)

131B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

G. F. Driskell, M. D.
Dadeville 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

Memorial Cemetery May 10 1930

20. UNDERTAKER

ADDRESS

M.E. Mays, Dadeville, Mo

