JUN 25 1930

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

Do not use this space.

15803

1. PLACE OF DEATH
County Franklin — Registration District No. 296 — File No.
Township Union — Primary Registration District No. 4480 — Registered No.
City Union (No. ..... St. ..... Ward)

2. FULL NAME Bonie K. Dittman (Infant)
(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 Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	0	5	

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) .....
(STATE OR COUNTRY) Union, Missouri

PARENTS
10. NAME OF FATHER Wm. J. Dittmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Canaan
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Esther V. Crider
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bland
(STATE OR COUNTRY) Missouri

14. INFORMANT Wm. J. Dittman
(Address) Union Mo.

15. FILED May 30, 1930 Ed Steinberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1930, to May 29, 1930, that I last saw her alive on May 29, 1930 and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Premature birth (5 mo)

159

164

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) ✓

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Her Home
DID AN OPERATION PRECEDE DEATH? no DATE OF ~~[illegible]~~
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Ed Steinberger, M. D
May 30 1930 (Address) Union 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: Union Cemetery — DATE OF BURIAL: 5/30/30 19

20. UNDERTAKER Union Furn Co. by W. H. HORN — ADDRESS: UNION MO

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.