JUN 27 1930

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

Do not use this space.

17215

1. PLACE OF DEATH
County St. Louis
Township Central
City Maplewood, Mo. (No. 7456 Richmond, Pl. St. Ward)

Registration District No. 786
Primary Registration District No. 4469

File No.
Registered No. 27

2. FULL NAME Robert L. Hadley, Jr.
(a) Residence. No. 7456 Richmond Pl. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 1, 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	9	14	

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) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Robert L. Hadley, Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Co.
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Mary M. Killian
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Robert L. Hadley Sr.
(Address) 7456 Richmond Pl.

15. FILED 5/15, 1930 Mercedes Schneider
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930.

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1930, to May 15, 1930 that I last saw h. alive on May 15, 1930, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
5/15/ 8:40 A 1930
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Otitis Media (Bilateral)
Acute Rheumatic Arthritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? Paracentesis of Ears DATE OF May 9, 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) Vincent Hommend, M. D.
5/15, 1930. (Address) 3101 Sutton Ave Maplewood 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 Perryville, Mo. DATE OF BURIAL 5-18-1930
20. UNDERTAKER Gullman & Young ADDRESS Perryville, 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.

2