JUL 25 1930

112

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

Do not use this space.

21736

[redacted]

1. PLACE OF DEATH Webster
County ~~[illegible]~~ Registration District No. 896 File No.
Township Grant Primary Registration District No. 6199 Registered No. 20
City (No. St. Ward)

2. FULL NAME Paul Trantham
(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: 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): June 22/1930
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 1 hrs. or — min.
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) (STATE OR COUNTRY): Webster Co. Mo.

PARENTS
10. NAME OF FATHER: Zira Trantham
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Greene Co Mo
12. MAIDEN NAME OF MOTHER: Ollie Blunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Webster Co Mo

14. INFORMANT: Zira Trantham
(Address) Marshfield Mo R No 2

15. FILED Jul 10, 1930 J R Bruce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 22 1930

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1930, to June 22, 1930 that I last saw him alive on June 22, 1930 and that death occurred, on the date stated above, at 1 20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown

(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? Clinical
(Signed) R. H. Frehl, M. D.
6/22, 1930 (Address) Strafford 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: Bassville Cemetery
DATE OF BURIAL: 6/23 1930
20. UNDERTAKER: None
ADDRESS

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.