Bronze
Naylor mo

SEP 22 1930

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

Do not use this space.

22062

File No. ~~2794~~
Registered No. 42

12

1. PLACE OF DEATH
County: Butler
Township: Beaver Dam
City: ..... (No. ..... St. ..... Ward)
Registration District No. 87
Primary Registration District No. 6129

2. FULL NAME unnamed infant of Wilby and Alice Dickens
(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	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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... 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) Harville mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wilby Dickens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Poplar Bluff
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Alice Pelmany
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kent Co Mo.
(STATE OR COUNTRY)

14. INFORMANT Wilby Dickens
(Address) Harrilly mo

15. FILED 9/8, 1930 M. M. Lane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1930 to July 11, 1930 that I last saw h... alive on July 11, 1930 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Premature delivery
159
158 | 6100
..... (duration) 0 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) weak infant
..... (duration) 0 yrs. 0 mos. 0 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) H. Hewlett, M. D.
7/12, 1930 (Address) Naylor 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: Dickens in Butler Co
DATE OF BURIAL: July 12 1930

20. UNDERTAKER: Frank Undt Co
ADDRESS: Poplar Bluff Mo

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.