

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

Do not use this space.

22492

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 3016
 City Washington (No.) St. Ward)

File No.

Registered No. 71

2. FULL NAME Baby Volmert

(a) Residence. No. 715 West Main St. 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) July 29, 1930				
7. AGE	YEARS 0	MONTHS 0	DAYS 0	IF LESS than 1 day, 5 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) Washington
 (STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Lawrence Henry Volmert</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Vienna</u> (STATE OR COUNTRY) <u>Maries Co., Missouri</u>
	12. MAIDEN NAME OF MOTHER <u>Katherine Stewart</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>New York City</u> (STATE OR COUNTRY) <u>New York</u>

14. INFORMANT Lawrence Henry Volmert
 (Address) 715 W. Main St., Washington,

15. July 30, 1930 O. L. W...
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930
 17. HEREBY CERTIFY, That I attended deceased from July 29, 1930 to July 29, 1930
 that I last saw him/her alive on July 29, 1930 and that death occurred, on the date stated above, at 4:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
159 (duration) yrs. mos. ds.
16 (A) (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Place of death
 DID AN OPERATION PRECEDE DEATH? No DATE OF —
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Obvial
 (Signed) Robert R. Carter M. D.
 July 30, 1930 (Address) Washington Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery
 DATE OF BURIAL 7/30/ 1930
 20. UNDERTAKER Otto & Co., Washington, Mo.
 ADDRESS

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.

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MARKED RESERVED FOR BINDING

