

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

Do not use this space.

23532

1. PLACE OF DEATH

County Madison Registration District No. 538
Township Miss La Motte Primary Registration District No. 6230
City (No. St. Ward)

2. FULL NAME

Unnamed infant of bland & Ethel Pogue
(a) Residence. No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)
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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 6, 30</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>5</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>✓</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Miss La Motte
(STATE OR COUNTRY) mo.

10. NAME OF FATHER bland Pogue

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ethel Ashley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iron Co. Mo.
(STATE OR COUNTRY)

14. INFORMANT bland Pogue
(Address) Fredericktown mo.

15. FILED 131 1930 C. Webb
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930
17. I HEREBY CERTIFY, That I attended deceased from July 8, 1930, to July 11, 1930, that I last saw her alive on July 8, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
From all indications death was due to premature birth - 159
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Henry Barron, M. D.
7/11 1930 (Address) Fredericktown 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 Miss La Motte mo. DATE OF BURIAL July 12 1930

20. UNDERTAKER Ed. H. Webb, Fredericktown 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.

AUG 26 1930

