

NOV 21 1930

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

Do not use this space.

32286

1. PLACE OF DEATH

County.....
Township.....
City Cape Girardeur (No.)

Registration District No. 125
Primary Registration District No. 3009
St. Francis Hospital St. Ward)

File No.
Registered No. 540

2. FULL NAME

(a) Residence. No. St. Ward. Jackson Mo
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/26-30

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5

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 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeur Mo (STATE OR COUNTRY)

10. NAME OF FATHER S. C. Propst

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

12. MAIDEN NAME OF MOTHER Minnie Howard

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

14. INFORMANT S. C. Propst (Address) Jackson Mo

15. FILED 10/26, 1930 W. K. Hauffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/26-30 1930, to 10/26 1930 that I last saw him alive on 10/26 1930, and that death occurred, on the date stated above, at 4:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth (5 1/2 mo)
Premature separation of placenta

159 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 3/6/19 (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? None
(Signed) Howard Walker, M. D.

1726 1930 (Address) Cape Girardeur 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 Howard Cemetery DATE OF BURIAL 10/26 1930

20. UNDERTAKER Father 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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

