

NOV 22 1930

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

Do not use this space.

32550

1. PLACE OF DEATH

County St. Louis
Township Saline
City (No.)

Registration District No. 290
Primary Registration District No. 5428

File No.
Registered No. 67
St. Ward

2. FULL NAME

(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.

Sean Gary

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 - 90

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or 1 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

10. NAME OF FATHER Larnie G. Land

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

12. MAIDEN NAME OF MOTHER Mary B Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Senath MO
(STATE OR COUNTRY)

14. INFORMANT Larnie G. Land
(Address) Senath MO

15. FILED 11-9-30 H. Appender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1930

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 9-40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
4 mths gestation
159

CONTRIBUTORY (SECONDARY) 161A
(duration) yrs. mos. ds. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 8
DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. Appender, M. D.
, 19 (Address)

*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 Senath Cem DATE OF BURIAL Oct 31 1930

20. UNDERTAKER J. P. Owen ADDRESS Senath 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.

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