

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

Do not use this space.

33347

1. PLACE OF DEATH

County Jackson

Registration District No. 421

Township Shannon

Primary Registration District No. 5575

City Crystal City (No. _____)

File No. _____

Registered No. 18

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Crystal City 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 Female 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 45

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Crystal City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Chester D. Null

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

12. MAIDEN NAME OF MOTHER Blauch Null

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

14. INFORMANT Chester D. Null
(Address) Crystal City Mo

15. FILED 10/8/30 J. E. Rueschke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1930 to Oct 7 1930, that I last saw her alive on Oct 7 1930, and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Premature birth at 6th month following injury to mother in automobile accident
159 (duration) yrs. mos. ds.

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

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

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Rueschke M. D.
Oct 7, 1930 (Address) Crystal City 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 Festus Mo DATE OF BURIAL Oct 7 1930

20. UNDERTAKER Wuestler & Vinyard ADDRESS Festus 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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