

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

Do not use this space.

28749

1. PLACE OF DEATH

County Lewis

Registration District No. 502

File No. _____

Township _____

Primary Registration District No. 4305

Registered No. 33

City Marceline (No. _____)

St. _____ Ward _____

2. FULL NAME

Dead Unnamed Baby Sportsman

(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.

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)

Aug 1, 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

✓

✓

✓

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Marceline Mo

MOTHER FATHER

13. NAME

Vernon Sportsman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Gertrude Hayes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT (ADDRESS)

Mr. Vernon Sportsman

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bell Cemetery DATE 8/1 31

19. UNDERTAKER (ADDRESS)

Gas M. Lippin

20. FILED

8/1 31 Ala Tutman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1st 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 1, 1931.

I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at 12:40 m.

The principal cause of death and related causes of importance were as follows:

Premature Birth Date of onset _____

157 154

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Ala Tutman, M. D.

(Address) Marceline Mo.

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.

SEP 26 1931

