

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

Do not use this space.

32223

**1. PLACE OF DEATH**

County Randolph Registration District No. 735 File No. ....  
 Township ..... Primary Registration District No. 3034 Registered No. 190  
 City Moberly (No. ....) St. .... Ward)

**2. FULL NAME**

Stillborn - Lived 3 hours  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Girl | **4. COLOR OR RACE** white | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) child  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept 24-1931  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or — min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Child  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Moberly Mo.

**10. NAME OF FATHER** Emil Beck

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Pilot Grove Mo.

**12. MAIDEN NAME OF MOTHER** Katherine Schuster

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Pilot Grove Mo.

**14. INFORMANT** Emil Beck  
 (Address) Keytesville Mo.

**15. FILED** 9/25, 1931 Thos J Fleming  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 24 1931  
**17. I HEREBY CERTIFY, That I attended deceased from** 12:11 a.m. Sept 24, 1931 to 3:10 p.m. Sept 24, 1931  
 that I last saw live on Sept 24, 1931, and that death occurred, on the date stated above, at 3 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Premature birth  
(mother - eclamptic - Cesarean section  
child never rallied to any extent - F.M.O. baby)  
Lived 3 hours (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)** P (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ **DATE OF** \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) R.D. Strout, M.D.  
 , 19 (Address) Moberly, Mo.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Pilot Grove **DATE OF BURIAL** Sept 25 1931

**20. UNDERTAKER** Hyder Barnett **ADDRESS** Keytesville 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.

OCT 26 1931

U.S. NO. 2