

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

Do not use this space.

34034

**1. PLACE OF DEATH**

County..... Dekalb  
Township..... Colfax  
City..... (No.....,.....St.....Ward.....)

Registration District No. 260  
Primary Registration District No. 5362

File No.....  
Registered No.....

**2. FULL NAME** Infant of Bert Hathaway

(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) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8th 1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or min.

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) Dekalb Co. Mo.

FATHER 13. NAME Bert Hathaway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dekalb Co. Mo.

MOTHER 15. MAIDEN NAME Nellie Wagers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dekalb Co. Mo.

17. INFORMANT Bert Hathaway  
(ADDRESS) Osborn Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Amity DATE Oct 9th 1931

19. UNDERTAKER U.G. Gilcher  
(ADDRESS) Avastille Mo.

20. FILED Oct. 17, 1931 Winifred W. Moser  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8th 1931  
22. I HEREBY CERTIFY, That I attended deceased from at birth, 1931, to Premature, 1931.  
I last saw her alive on 8th, 1931. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Premature 6 months  
Only lived a few hours  
Other contributory causes of importance:  
157

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury.....  
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) J. M. Brown, M. D.  
(Address) Mayaville

WHITE PLAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT. 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.

NOV 24 1931

