

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

Do not use this space.

35360

1. PLACE OF DEATH

County Platte
Township Harley
City Harley, Mo. (No. 1416)

Registration District No. 1936
Primary Registration District No. 1416

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or — min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Harley
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Rev. A. Becker

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

12. MAIDEN NAME OF MOTHER Martha Betting

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

14. INFORMANT Rev. A. Becker
(Address) Harley Mo.

15. FILED Oct 15 31 Elizabeth Hermann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1931, to Oct 11, 1931, that I last saw him alive on Oct 11, 1931, and that death occurred, on the date stated above, at 11:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

asphyxia neonatorum
159

18. WHERE WAS DISEASE CONTRACTED 161D (duration) 11 hours
CONTRIBUTORY (SECONDARY) Prematurity (born at 7 mo)

19. WHERE WAS DISEASE CONTRACTED 159
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical signs

(Signed) B. E. Ellis, M. D.

. 19 (Address) Weston, 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 Harley Cemetery DATE OF BURIAL Oct. 14 1931

20. UNDERTAKER J. Le. Slavin and Co ADDRESS Leavenworth

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.

