

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

Do not use this space.

7180

1. PLACE OF DEATH

109 County Warren Registration District No. 884 File No.
 Township Chowatta Primary Registration District No. 6176 Registered No. 3
 City (No.) St. Ward)

2. FULL NAME

BABY NIEDER (Premature)

(a) Residence. No. Irelean mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) A
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 min.

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)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Irelean mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Victor Nieder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Peers Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sheila Hellebrach

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Peers Missouri
 (STATE OR COUNTRY)

14. INFORMANT Victor Nieder
 (Address) Peers, mo

15. FILED Feb 7, 1932 J. C. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 1932
 17. I HEREBY CERTIFY, That I attended deceased from Feb 6 1932 to Feb 6 1932
 that I last saw him/her alive on Feb 6 1932, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

CONTRIBUTORY (SECONDARY)

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Herbert H. Schmidt M.D.

, 19 (Address) Marionville 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 Cemetary Hill en DATE OF BURIAL Feb 7 1932

20. UNDERTAKER Ben Meber ADDRESS Marionville 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.

MAR 25 1932

PARENTS

