

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

Do not use this space.

16525

1. PLACE OF DEATH
 County Jefferson Registration District No. 4250
 Township Walton Primary Registration District No. 30224
 City Delato (No. _____) St. 2 (Ward) _____

2. FULL NAME Unnamed Filkins
 (a) Residence, No. 509 Allen 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day 15 hrs. or 45 min.
0 0 0 0 15

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

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) Delato Mo.

MOTHER FATHER
 13. NAME Lyle Filkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delato Mo.
 15. MAIDEN NAME Olive Pichey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Lyle Filkins Delato Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Ch. Delato Mo. DATE May 18 1932

19. UNDERTAKER (ADDRESS) Donnell B. DeLoach Delato Mo.

20. FILED 5/18 1932 B. H. Murguly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17 1932, to May 17 1932. I last saw him alive on 5/17 1932. Death is said to have occurred on the date stated above, at 2p.m.. The principal cause of death and related causes of importance were as follows:
Premature Birth
34 8 mo
159 5 4
 Other contributory causes of importance:
congenital heart (1)

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 49. Elders, M. D.
 (Signed) De Sato
 (Address) _____

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

93 1932

