

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.

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

Do not use this space.

18317

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... (No. **1312 Webster**)

File No.....  
Registered No. **5638**  
St..... Ward.....

**2. FULL NAME**

**Premature Baby Mitchell**  
(a) Residence, No. **1312 Webster** St., **21** Ward.

(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 **Male** 4. COLOR OR RACE **Colored** 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) **5-12-1932**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, **33** hrs. or **33** min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **nil**  
10. Date deceased last worked at this occupation (month and year) **none** 11. Total time (years) spent in this occupation **none**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis mo**

FATHER 13. NAME **Mitchell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **31**

MOTHER 15. MAIDEN NAME **Mary Mitchell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss 2**

17. INFORMANT **Mrs. Mary Mitchell**  
(ADDRESS) **1312 Webster**

18. BURIAL, CREMATION, OR REMOVAL PLACE **POTTENS FIELD 6-16-1932**

19. UNDERTAKER **Ed. Stoney**  
(ADDRESS) **1426 Carroll**

20. FILED **JUN 15 1932** **W. C. Parker**  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 13<sup>th</sup> 1932**

22. I HEREBY CERTIFY, That I attended deceased from **5-12-1932** to **5-13-1932**

I last saw h. **e** alive on **5-13-1932** Death is said to have occurred on the date stated above, at **2:30 A.M.**

The principal cause of death and related causes of importance were as follows:

**159** **1**  
**Prematurity**  
**6 1/2 months gestation**

Other contributory causes of importance:

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

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? **no**

If so, specify..... (Signed) **G. A. Gaiticus**, M. D.

(Address) **3200 Lucas ave**

