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.

AUG 22 1932

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

Do not use this space.

22108

File No.
Registered No. 15

1. PLACE OF DEATH
13 County Caldwell
2 Township Breckenridge
3 City Breckenridge (No. , St. Ward)

Registration District No. 94
Primary Registration District No. 4056

2. FULL NAME None - Premature

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 3rd - 1932

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Breckenridge Missouri

FATHER
13. NAME R. W. Stagner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nettleton Missouri

MOTHER
15. MAIDEN NAME Mae Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Missouri

17. INFORMANT R. W. Stagner
(ADDRESS) Breckenridge Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Breckenridge DATE July 4th 1932

19. UNDERTAKER R. W. Stagner
(ADDRESS)

20. FILED Aug. 3 1932 E. A. Thompson M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 3rd - 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1932, to July 3rd, 1932
I last saw him alive on July 3rd, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature child six months	

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Other contributory causes of importance:
Mother fell

Name of operation None Date of
What test confirmed diagnosis? Signs 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?
If so, specify
(Signed) A. B. Wilsey, M. D.
(Address) Breckenridge Mo