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

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 24 1932

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

Do not use this space.

22694

1. PLACE OF DEATH
48 County Jackson
5 Township Blue
8 City Independence Mo (No. Indep. Sanitarium St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 246

2. FULL NAME Premature Infant of Lucy Fletcher

(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 m
4. COLOR OR RACE w
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 30 1932

7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 1 hrs. or 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Independence Mo. 1

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 21

MOTHER
15. MAIDEN NAME Lucy Fletcher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgansville Ky. 2

17. INFORMANT (ADDRESS) Lucy Fletcher Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL Cremation
PLACE Indep Sanitarium DATE 7/30 1932

19. UNDERTAKER (ADDRESS) John Main Independence Mo.

20. FILED July 30, 1932 H Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1932 to July 30, 1932
I last saw him alive on July 30, 1932. Death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

Premature
159 Birth 159
157 D

Date of onset

Other contributory causes of importance:
Malformations
Lack Rt Femur - Left club foot
undeveloped Genital organs

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
(Signed) George T Twyman, M. D.
(Address) Independence Mo.