WRITE PLAINLY, WITH [redacted]

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.

OCT 24 1932

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

Do not use this space.

28629

1. PLACE OF DEATH

13 County Caldwell, Registration District No. 93 File No.

1 Township ~~Davis,~~ Primary Registration District No. 4055 Registered No. 15

3 City Braymer (No. , St. Ward)

2. FULL NAME Infant daughter of William & Mary Green,

(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: Female,
4. COLOR OR RACE: White,
5. SINGLE, [redacted] (write the word): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.-1st.-1932

7. AGE: YEARS 0 | MONTHS 0 | DAYS 0 | If LESS than 1 day, 14 hrs. or 30 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) Caldwell County, Missouri,

FATHER
13. NAME William Green,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County, Missouri,

MOTHER
15. MAIDEN NAME Mary Helen,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County, Missouri,

17. INFORMANT (ADDRESS) William Green, Eldorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braymer Cemetery DATE Sep.-2nd.-1932

19. UNDERTAKER (ADDRESS) E. P. Michael, Braymer, Mo.

20. FILED Sept 2, 1932 H. H. Patterson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Sept 1, 1932

I last saw her alive on Sept 1st, 1932 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Complete Encephalocele (Rudimentary Cerebrum and Cerebellum) 157D — Date of onset 9/1/32

Other contributory causes of importance: Congenital 157D

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) C. L. Woolsey, M. D.

(Address) Braymer - Mo