

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

Do not use this space.

40515

**1. PLACE OF DEATH**

58 County Deer Registration District No. 501  
Township Forest Creek Primary Registration District No. 5666  
City (No. St. Ward)

**2. FULL NAME**

Infant Ceces  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9 1932</u>		
7. AGE YEARS	MONTHS	DAYS
		1
If LESS than 1 day, hrs. or min.		
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) <u>Linneus Missouri</u>		
13. NAME <u>Ervin Ceces</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Birmingham Ala. Missouri</u>		
15. MAIDEN NAME <u>Bertha Case</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Champaign Ill. Illinois</u>		
17. INFORMANT (ADDRESS) <u>Ervin Ceces Linneus</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>May Cemetery</u> DATE <u>Dec 11 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Thorne Luedtke Co. Linneus, Mo.</u>		
20. FILED <u>Dec 10 1932</u> <u>D. T. Taylor</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932 to Dec 10 1932  
I last saw h. & v. alive on Dec 9 1932—Death is said to have occurred on the date stated above, at 9 a. m.  
The principal cause of death and related causes of importance were as follows:  
Congenital cleft palate  
161R 161W  
Other contributory causes of importance:  
161R 161W

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? no  
If so, specify \_\_\_\_\_  
(Signed) J. Kelly, M. D.  
(Address) Linneus, Mo.

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.

JAN 27 1933

