

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

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Do not use this space.

73-a

1. PLACE OF DEATH JUN 16 1936

County Warren
Township Salk
City Warren (No. _____) St. _____ Ward _____

Registration District No. 21 19
Primary Registration District No. 5725

File No. _____
Registered No. _____

2. FULL NAME Infant David

(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) 1-26-1933

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-------|--------|----------|--|
| | | | <u>1</u> | |

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) Rock Port (STATE OR COUNTRY) Mo

13. NAME Albert David

14. BIRTHPLACE (CITY OR TOWN) Fremont (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Lillie Van Meter

16. BIRTHPLACE (CITY OR TOWN) Atch. Co. (STATE OR COUNTRY) Mo

17. INFORMANT Albert David (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Warren DATE 1-27 1933

19. UNDERTAKER Tracy Bartholomew (ADDRESS) Rock Port Mo

20. FILED May 10 1936 J. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1933, to 1-27, 1933

I last saw him alive on 1-27, 1933. Death is said to have occurred on the date stated above, at 4 p. m.

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

159
Premature Birth
caused by a fall of
mother

Other contributory causes of importance: _____

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) J. A. Gray, M. D.
(Address) J. A. Gray, M. D.

