

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

Do not use this space.

1. PLACE OF DEATH

31 County Warren Registration District No. 248 File No. 799-1
Township _____ Primary Registration District No. 4148 Registered No. 5
City Altamont Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Baby McNew
(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 C (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 12 hrs. or min.
3 days

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C
10. Date deceased last worked at this occupation (month and year) C 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altamont, Mo.

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE and ays cemetery DATE Jan, 1933

19. UNDERTAKER (ADDRESS) _____

20. FILED 19 Miss Sapp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Jan 17, 1933
I last saw h. alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:
Premature (about 6 months) Date of onset _____
157
Other contributory causes of importance: C

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? C

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) Fred K. Wilson, M. D.
(Address) Winstan, Mo

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.

APR 24 1933

