R 28 1933

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.

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

Do not use this space.

5248

1. PLACE OF DEATH
County Dent — Registration District No. 266 — File No.
Township Springcreek — Primary Registration District No. 416X — Registered No. 16
City Salem (No. , St. Ward)

2. FULL NAME Infant
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1933
7. AGE YEARS MONTHS DAYS 3 If LESS than 1 day, hrs. or 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) Salem Mo.

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

MOTHER
15. MAIDEN NAME Fay Gaston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yukon Mo.

17. INFORMANT (ADDRESS) Edward Gaston Salem Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yukon, Mo. DATE Feb. 13 1933

19. UNDERTAKER (ADDRESS) N. D. Hobson Salem Mo.

20. FILED 2/13 1933. W. E. Rudd, Jr., Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933, to Feb 12, 1933
I last saw him alive on Feb 12, 1933 Death is said to have occurred on the date stated above, at 8:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital From Birth	Feb-9-33
59	
58	

Other contributory causes of importance:
Premature

Name of operation None Date of —
What test confirmed diagnosis? Usual Exam Was there an autopsy? No

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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. T. Dixon, M. D.
(Address) Salem Mo