

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

Do not use this space.

19322

1. PLACE OF DEATH

County Mont
Township Franklin
City (No.) St. Ward)

Registration District No. 266
Primary Registration District No. 4-373

File No.
Registered No. 82

2. FULL NAME

(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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, X hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Warrens, Mo.

13. NAME Grover C. Daugherty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont, Mo.

15. MAIDEN NAME Mrs. Adna Pruitt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont, Mo.

17. INFORMANT (ADDRESS) Grover C. Daugherty
Warrens, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West of them DATE 6/6 1933

19. UNDERTAKER (ADDRESS) Home

20. FILED 6/6 1933, H. E. Rudd, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933, to June 6, 1933

I last saw her alive on June 6, 1933. Death is said to have occurred on the date stated above, at 2 P. m.

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

Premature birth Date of onset 6/6/1933

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Other contributory causes of importance: Hepatitis of mother

23. Name of operation no Date of operation

What test confirmed diagnosis Urinal physical 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) W. C. Purdell, M. D.
(Address) Salem, 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.

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