

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

B 27195

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.

1. PLACE OF DEATH
County Franklin Registration District No. 288
Township Independence Primary Registration District No. 4172
City Keokuk (No. _____ St. _____ Ward _____)

File No. 39674-A
Registered No. _____

2. FULL NAME Baby Sny Hallett
(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17th 33</u>				
7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>10</u> hrs. or <u>0</u> 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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk Mo</u>			
	13. NAME <u>William Hallett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Meta Carr</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ga</u>			
	17. INFORMANT (ADDRESS) <u>Honey Johnson Keokuk Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gregory Co</u> DATE <u>12/19</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>Wishbone</u>				
20. FILED <u>12/27</u> 19 <u>33</u> <u>Whelan Jones</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-17 1933 to 12-17 1933
I last saw h. e. 6²⁵ alive on 12-17 1933 Death is said to have occurred on the date stated above, at 1:00 p. m.
The principal cause of death and related causes of importance were as follows:
Prematurity
Orbally Genetic
Date of onset _____

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) James C. Carr M. D.
(Address) Keokuk Mo

