

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

Do not use this space.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**FEB 27 1934**

**1. PLACE OF DEATH**

County Scott Registration District No. 816  
 Townshlp Rockview Primary Registration District No. 4495  
 City Rockview (No. ....) St. .... Ward)

File No. 3598

Registered No. 1

**2. FULL NAME**

Un-named Baby Smith

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** male  
**4. COLOR OR RACE** white  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) single

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) 1-1-34

**17. I HEREBY CERTIFY**, That I attended deceased from 1-1-34 to 1-1-34 that I last saw h. alive on 1-1-34 and that death occurred, on the date stated above, at 1 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth -  
Prolops e Funis  
 (duration) yrs. mos. ds. 1 hour

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) 1-1-34

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0 1 hrs. 15 min.

**CONTRIBUTORY (SECONDARY)**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**9. BIRTHPLACE** (CITY OR TOWN) Rockview  
 (STATE OR COUNTRY) Mo

**8 DID AN OPERATION PRECEDE DEATH** DATE OF .....

**10. NAME OF FATHER** Guy Smith

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS.....

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Commerce  
 (STATE OR COUNTRY) Mo

(Signed) W. D. Curney, M. D.

**12. MAIDEN NAME OF MOTHER** Eliza Mills

(Address) Chappel Mo

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Rockview  
 (STATE OR COUNTRY) Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**14. INFORMANT** Guy Smith  
 (Address) Rockview Mo

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Rockview DATE OF BURIAL 1-2-34

**15. FILED** 1-1-34 W. D. Curney REGISTRAR

**20. UNDERTAKER** Guy Smith Father ADDRESS Chappel Mo

