MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Audrain — Registration District No.: 912 — File No.: 3830

Township: Cuivre — Primary Registration District No.: 62327 — Registered No.: 4

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Infant of Mr. and Mrs. D. C. Stuart

(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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 23, 1934

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 2 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Audrain County

FATHER

13. NAME: Dewey Crawford Stuart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Audrain County, Mo

MOTHER

15. MAIDEN NAME: Gladys Magdaline Estes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway County, Mo.

17. INFORMANT: D C Stuart
(ADDRESS) Laddonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Laddonia DATE: Feb 24, 1934

19. UNDERTAKER: None
(ADDRESS)

20. FILED: 2/23, 1934 Mallie Fugua
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1934, to Feb 23, 1934

I last saw h er alive on Feb 23, 1934. Death is said to have occurred on the date stated above, at 5:30 m. P. M.

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

Premature birth, Period of gestation 6 months

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? no

If so, specify .....

(Signed) W K McCall, M. D.

(Address) Laddonia, Missouri

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.