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.

MAR 24 1934

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

Do not use this space.

File No. 4202
Registered No.

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 131
16 Township: Randolph 1 — Primary Registration District No. 1742
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Infant Deaf

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant
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, ... hrs. or 30 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): Cape Gir Co Mo

FATHER
13. NAME: Fred Deaf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunklin Co Mo

MOTHER
15. MAIDEN NAME: Cephonia Hurley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Tenn

17. INFORMANT (ADDRESS): Fred Deaf, Cape Gir Mo R1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jona Cem DATE: 2/23, 1934

19. UNDERTAKER (ADDRESS): Private

20. FILED 3/10, 1934 Albert J Miller, 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 he alive on Feb 23, 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Premature — Date of onset
159
38

Other contributory causes of importance:
Malaise unspecified

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) O J Miller, M. D.
(Address) Cape Gir Mo