

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

54 County Lafayette Registration District No. 460  
5 Township ..... Primary Registration District No. 4274  
7 City Higginsville (No. ...., ..... St. .... Ward)

File No. 5519  
Registered No. 17

2. FULL NAME Infant Stillborn Detert

(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. 25, 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day 50 hrs. or 50 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) Higginsville, Mo.  
(STATE OR COUNTRY)13. NAME Vernon Detert14. BIRTHPLACE (CITY OR TOWN) Higginsville, Mo.  
(STATE OR COUNTRY)15. MAIDEN NAME Dorothy Heidbreber16. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo.  
(STATE OR COUNTRY)17. INFORMANT Vernon Detert  
(ADDRESS) Higginsville, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Evangelical Cemetery Feb. 26, 193419. UNDERTAKER Walter Meunshagen  
(ADDRESS) Higginsville, Mo.20. FILED Feb 26 1934  
3 Miles 6 Mo  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1934 to Feb. 25, 1934I last saw her alive on Feb. 25, 1934 Death is said to have occurred on the date stated above, at 10 A.m.

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

Premature birth (6 1/2 Mo. gestation). Date of onsetOther contributory causes of importance: 154Name of operation None Date of .....What test confirmed diagnosis? Physical Was there an autopsy? No23. 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) D. W. Brackley, M. D.(Address) Higginsville, Mo.

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.

