

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

Do not use this space.

MAY 5 1934

1. PLACE OF DEATH

County Howard
Township Monteau
City (No.) St. Ward (No.)

Registration District No. 378
Primary Registration District No. 5531

File No. 12684
Registered No. 30

2. FULL NAME

Infant Child Ella Mae & Reno Kurtz

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 14th 1934</u>		
7. AGE YEARS <input checked="" type="checkbox"/>	MONTHS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>
If LESS than 1 day, <u>7</u> hrs. or <u>42</u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>.</u>
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>
	11. Total time (years) spent in this occupation. <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) Howard Co. Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Reno Kurtz

14. BIRTHPLACE (CITY OR TOWN) Howard Co. Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Ella Mae York

16. BIRTHPLACE (CITY OR TOWN) Near Columbia Missouri
(STATE OR COUNTRY)

17. INFORMANT Reno Kurtz
(ADDRESS) New Franklin #1 Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sulphur Springs DATE April 15th 1934

19. UNDERTAKER Schmidt Warnhoff
(ADDRESS) Adamsville Mo.

20. FILED May 8, 1934 J. Q. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 14th 1934, to April 14th 1934.
I last saw her alive on April 14th 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Premature Infant.

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) W. H. Ziegler, M. D.
(Address) Brunsville, 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.

WHITE PRINT, WITH CARBONING INK—THIS IS A PERMANENT RECORD

