31328

Do not use this space.

8634

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

1. PLACE OF DEATH SEP 3 1934

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 003 Registered No. .....

City St Louis (No. St Anns Maternity Hospital St. ..... Ward)

2. FULL NAME Baby Adams

(a) Residence, No. St Anns Hosp St., 6 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: Boy
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) 1934-8-26

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, about hrs. or 5 hrs. 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. None
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) St Louis Mo

FATHER

13. NAME ~~Louis Willhoit~~ Harley Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~St Louis~~ Poplar Bluff Mo.

MOTHER

15. MAIDEN NAME Lois Willhoit
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT (ADDRESS) Mrs. H. Adams 7423 Arlington Drive R. Hig 60

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethanie DATE Aug. 27 1934

19. UNDERTAKER (ADDRESS) Alexander & Ines 6175 Delmar

20. FILED AUG 27 1934 Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/26, 1934, to 8/26/, 1934

I last saw him alive on 8/26/, 1934. Death is said to have occurred on the date stated above, at 9.45 a.m.

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

acute myocarditis — Date of onset 8/26/34

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Other contributory causes of importance:

Between 5½ and 6 mos gestation mother has aborted twice previously at about 6 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

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 Mother fell last week.

(Signed) Percy H. Swahlen, M. D.

(Address) St. Anns Hospital, St. Louis

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.