

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

Do not use this space.

1 OCT 16 1934

File No. 31881  
Registered No. 58  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Berry Registration District No. 29  
Township 7th St. Creek Primary Registration District No. 5038  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

New Born (No Name)  
(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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 26/1931  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3 yrs. 7 mos. 1 day, 7 hrs. 4 min.

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. Stillborn  
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) Berry Co. Mo.

13. NAME Thomas Knowlton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynette Okla.

15. MAIDEN NAME Margie McLoud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo.

17. INFORMANT Thomas Knowlton  
(ADDRESS) Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Sept 14 1934

19. UNDERTAKER Agnes - Baker  
(ADDRESS) Cassville

20. FILED 105 19 34 Geo W. Deussen  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14 1934  
22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1934 to 14th 1934, 19\_\_\_\_  
I last saw her Sept 14 1934 Death is said to have occurred on the date stated above, at 9 a. m.

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

Probably due to asphyxiation of amniotic fluid during birth.  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

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) Geo. W. Deussen  
(Address) Cassville, Mo.

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.

