

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.

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

Do not use this space.

OCT 15 1934

3. PLACE OF DEATH

County Madison

Registration District No. 539

File No. 33388

Township Marquand

Primary Registration District No. 4320

Registered No. 82

City Marquand (No. 1)

St. Ward

1. 2. FULL NAME

Baby M. C. Dean (Ruth Louise)

(a) Residence, No. Marquand no. St. Ward

(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) Sept 14 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 1 hrs. or min.

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) Marquand Mo.

13. NAME Frank A. McLean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquand Mo.

15. MAIDEN NAME Dettie Estes

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

17. INFORMANT (ADDRESS) Frank A. McLean Marquand Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marquand DATE 9-14 1934

19. UNDERTAKER (ADDRESS) J. T. Starbuck Marquand Mo.

20. FILED Sept 14 1934 S. C. Slomberg 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 Sept 14, 1934

I last saw him alive on Sept 14, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Atelectasis
17 1/2
15 9
Other contributory causes of importance: Premature birth

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. D. Sauer, M. D.

(Address)

Ray E. A. Schwaner.

