

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

Do not use this space.

NOV 15 1934

36543

1. PLACE OF DEATH

County Lewis Registration District No. 479
 Township Patte Primary Registration District No. 4244
 City Lattelle (No. _____) St. _____ Ward _____

2. FULL 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
 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) La Belle Mo

13. NAME Noah E. Waller

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

15. MAIDEN NAME Ruby E. Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Belle Lewis Mo

17. INFORMANT Noah E. Waller
 (ADDRESS) La Belle Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE La Belle Cemetery DATE Oct-17-34

19. UNDERTAKER Private Funeral
 (ADDRESS) 132 Farmers' Neighbor

20. FILED 11/9 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934 to Oct. 17, 1934

I last saw him alive on Oct. 16, 1934. Death is said

to have occurred on the date stated above, at 4 a. m.

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

Premature birth
6 1/2 months
34
159
 Date of onset _____

Other contributory causes of importance:
Probably Neuramintamplide

Name of operation None Date of _____

What test confirmed diagnosis? Physic 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? No

If so, specify _____

(Signed) A. H. Pyle M. D.

(Address) La Belle 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.

