

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

Do not use this space.

JAN 14 1935

42074

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
 Township Washington Primary Registration District No. _____
 City St. Joseph Mo. Meth. Hosp St. _____ Ward _____

File No. _____
 Registered No. 1411

2. FULL NAME

(a) Residence, No. Baby Bay Mc Cleary (New Born Infant)

(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) new-born infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF new - Born

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min.
0 0 7 Hours

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. new-born

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) St Joseph Mo.

MOTHER FATHER 13. NAME Michael James Mc Cleary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maxwell Alabama

15. MAIDEN NAME Irene Mae Fultz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallton Kansas

17. INFORMANT Michael Mc Cleary

(ADDRESS) 122 South 8th

18. BURIAL, CREMATION, OR REMOVAL City Cemetery

PLACE St. Joseph, Mo. DATE Dec. 28 1934

19. UNDERTAKER H.O. Sidenfaden

(ADDRESS) St. Joseph, Mo.

20. FILED DEC 27 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 24 1934

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 2:50 AM

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

159 _____ Date of onset _____

Perinatal injury

not felt by

Other contributory causes of importance: _____

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? No

If so, specify _____

(Signed) Winton T. Sawyer, M. D.

(Address) Washington, 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.

