

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

Do not use this space.

DEC 13 1934

42193

1. PLACE OF DEATH

County Callaway
Township Liberty
City (No.) (St. Ward)

Registration District No. 1111
Primary Registration District No. 5160

File No.
Registered No.

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Infant

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Infant
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hatter
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Robt J. Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelbyville
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Ruby Wall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Willingburg
(STATE OR COUNTRY) Missouri

14. INFORMANT (Address)

15. FILED Dec 6 1934 B. H. Stephens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1934

17. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934, to Dec 4, 1934, that I last saw her alive on Nov 29, 1934, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition
15 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) not fully developed
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. B. Nichols, M. D.

, 19 (Address) Express MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleasant Grove Cem. DATE OF BURIAL Dec 5 1934

20. UNDERTAKER Ashley Hall ADDRESS Hatter

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.

