

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.

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

Do not use this space.

FEB 25 1935

1. PLACE OF DEATH

County Jefferson Registration District No. 421  
Township Jordan Primary Registration District No. 5575  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1789  
Registered No. 5

2. FULL NAME Infant (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 Red 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1935  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.  
✓ ✓ ✓ 3 hrs.

OCCUPATION 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) Crystal City Mo.

MOTHER 13. NAME Donald W. Dennis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairmount Ill.

15. MAIDEN NAME Schurmacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kankakee Ill.

17. INFORMANT Donald Dennis (ADDRESS) Crystal City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fleming Avenue Cemetery DATE Jan 7 1935

19. UNDERTAKER Chas Bernhart (ADDRESS) Crystal City Mo.

20. FILED 2/6 1935 J. C. Rutledge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1935, to Jan 6 1935, last saw her alive on Jan 6th 1935. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Premature Birth at 8 months induced by maternal influenza & Hyperpylemia

Other contributory causes of importance:

Name of operation Clinical Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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?

If so, specify \_\_\_\_\_

(Signed) J. K. Kummerford, M. D.

(Address) Crystal City Mo.

