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.

50

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

MAR 26 1935

Do not use this space.

5801

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township Peachtree — Primary Registration District No. 5575 — Registered No. 16
City (No. , St. Ward)

2. FULL NAME Unnamed
(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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 10, 1935

7. AGE: YEARS / MONTHS / DAYS — If LESS than 1 day, 7 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Festus Mo

FATHER
13. NAME: Raymond Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perryville Mo

MOTHER
15. MAIDEN NAME: Clara Roy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perryville Mo

17. INFORMANT (ADDRESS): Raymond Smith

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Catholic DATE: 2/11 1935

19. UNDERTAKER (ADDRESS): Fink Mud Co. Festus Mo.

20. FILED 3/4 1935 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935, to Feb 10, 1935
I last saw him alive on Feb 10, 1935. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Instrument delivery — Date of onset 2/10/35
Injury caused by abnormal pelvis —

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? none 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) Norval W. Jarvis, M. D.
(Address) Festus, Mo.

16 B