

JUN 25 1935

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

Do not use this space.

13534

1. PLACE OF DEATH

County Macon Registration District No. 534
Township Linger Primary Registration District No. 5717
City (No.) St. Ward

2. FULL NAME

Infant HAWKBY
(a) Residence, No. St. Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21-1935

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

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. —
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) Macon Mo

13. NAME George Houghton

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

15. MAIDEN NAME Stella Hullett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Mo

17. INFORMANT George Houghton (ADDRESS) New America Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New America Mo DATE Apr 22 1935

19. UNDERTAKER (ADDRESS) J. E. Willard New America Mo

20. FILED May 14 1935 Quarant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 21 1935, to Apr 21 1935.
I last saw her alive on Apr 21 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:
Premature Birth Date of onset

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? If so, specify

(Signed) Quarant, M. D.
(Address) New America 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

