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.

JUN 20 1935

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

Do not use this space.
Recd. -

16096

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township — Primary Registration District No. 3016 — Registered No. 54
City Washington (No. , St. Ward)

2. FULL NAME Maxine Bernadine Sulltrop
(a) Residence, No. 435 Cedar St., Washington Mo. 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. 6 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): child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7, 1935

7. AGE: YEARS 0 — MONTHS 0 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child.
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): Washington, Mo.

FATHER
13. NAME: Joseph Sulltrop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin County, Mo.

MOTHER
15. MAIDEN NAME: Roas Lamke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin County, Mo.

17. INFORMANT (ADDRESS): Mr. Joseph Sulltrop Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Catholic Cemetery
PLACE Washington, Mo. May 15, 1935, 19

19. UNDERTAKER (ADDRESS): Otto & Co. Washington, Mo.

20. FILED May 14 - 1935 H. A. May Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1935, to 5/13/35, 19
I last saw her alive on 5/13, 1935 Death is said to have occurred on the date stated above, at 10:00 p.m.
The principal cause of death and related causes of importance were as follows:

Prematurity. (7.5 months) — Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) [signature], M. D.
(Address) Washington Mo.