

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

Do not use this space.

JUL 23 1935

19623 ✓

1. PLACE OF DEATH 1935

County *Jackson*
Township *Blue*
City *Blue*

Registration District No. *398*
Primary Registration District No. *5-230 & 6-11-12*

File No. _____
Registered No. *192* St. _____ Ward) _____

2. FULL NAME *Unnamed*

(a) Residence. No. *R 5-25 St. Crystal* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

✓

16. DATE OF DEATH (MONTH, DAY AND YEAR) *6-14-1935*

17.

I HEREBY CERTIFY, That I attended deceased from *June 14*, 19*35*,
that I last saw h. _____ alive on _____, 19____, and that
death occurred, on the date stated above, at *5:30 P.M.*

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

Child

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth Estimated 5 mo.

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

6-14-1935

7. AGE

YEARS

0

MONTHS

0

DAYS

0

If LESS than 1 day, *1 1/2* hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Amy J. Geller*, M. D.

6/15 1935 (Address) *106 W. Kansas, Ind. P.*

*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.

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

10. NAME OF FATHER

Levi C White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Smith Co. Kans*

12. MAIDEN NAME OF MOTHER *Mrs. Phelps*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Windsor Mo.*

14. INFORMANT *Amy J. Geller M.D.* (Address) _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Private Lot DATE OF BURIAL *6-14-1935*

15. FILED *6-18-35* *J. L. Cook* REGISTRAR

20. UNDERTAKER *Levi C White* ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

31
2
1

PARENTS

