

OCT 22 1935

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

Do not use this space.

29198

1. PLACE OF DEATH

County..... Franklin
Township..... St. Johns
City..... ~~Neen Washington~~

Registration District No. 297
Primary Registration District No. 5414

File No.....
Registered No. 98.....
St. Ward)

2. FULL NAME

Baby Kamler

(a) Residence, No. 6 Miles East of Washington, Mo. 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) Sept 6th 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or hours 0 0 0 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

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) Franklin Co Missouri

13. NAME William Kamler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Japan Franklin Co Mo

15. MAIDEN NAME Bertha Yost

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois U S A

17. INFORMANT (ADDRESS) William Kamler

18. BURIAL, CREMATION, OR REMOVAL PLACE ~~Catholic Cemetery~~ Krakow Mo Sept 7th 35

19. UNDERTAKER (ADDRESS) Otto & Co Washington Mo

20. FILED Sept 7, 1935 Haman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 6 - 1935

I Dr. J. H. ... HEREBY CERTIFY, That Baby deceased from Sept 6 1935, to Sept 6 1935. I last saw her alive on Sept 6 1935. Death is said

to have occurred on the date stated above, at 11 m. 9/7/35

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

Infantile meningitis
15 mo

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? NO
If so, specify.....

(Signed) J. H. ..., M. D.
(Address) Washington 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.

