NOV 25 1935

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

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 531 — File No. 33309
Township Russell — Primary Registration District No. 5718 — Registered No.
City Bucklin (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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1935
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 0 hrs. or 2 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Bucklin

FATHER
13. NAME Raymond Flint
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Boston Mo

MOTHER
15. MAIDEN NAME Rena Magers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Boston Mo

17. INFORMANT (ADDRESS) Jesse Davis
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Pleasant Grove DATE 10/25, 1935
19. UNDERTAKER (ADDRESS) C. A. Larson Bucklin Mo.
20. FILED Oct 12, 1935 J. A. Shackleff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1935
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ after death Oct 24, 1935
I last saw h alive on was dead, 1935. Death is said to have occurred on the date stated above, at 10:02 AM
The principal cause of death and related causes of importance were as follows:
Premature Birth (6-7 month baby)
Date of onset
Other contributory causes of importance: No care at birth
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? No.
If so, specify
(Signed) W. C. Grear, M. D.
(Address) Bucklin, 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.