

JUL 17 1936

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

35338-5

## 1. PLACE OF DEATH

County CallawayRegistration District No. 102

File No. ....

Township JacksonPrimary Registration District No. 2130Registered No. 336

City..... (No. ....)

St. .... Ward)

## 2. FULL NAME

(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

Female

4. COLOR OR RACE

White

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

Baby

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

X

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

Nov. 10 - 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

XXX

OCCUPATION

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

X

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

X

10. Date deceased last worked at this occupation (month and year)

X

11. Total time (years) spent in this occupation

X

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

Callaway Co. Mo.

FATHER

13. NAME

Olav Kniff

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

Callaway Co. Mo.

MOTHER

15. MAIDEN NAME

Mildred Dasenke

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

St. Louis, Mo.

17. INFORMANT (ADDRESS)

Olav Kniff  
Airwasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE FriendshipDATE Nov. 10 1935

19. UNDERTAKER (ADDRESS)

Hughes Maupin  
Airwasse Mo.

20. FILED

Nov. 10 1935 Mrs. H. G. Thomas

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 193522. I HEREBY CERTIFY That I attended deceased from Nov 10 1935 to Nov 10 1935

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 3:45 p.m.

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

Suffocated in utero

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? no

If so, specify.....

(Signed) H. B. Nichols

M. D.

(Address) Airwasse Mo

