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

DEC 18 1935

Do not use this space.

35843

1. PLACE OF DEATH
County: Grundy
Registration District No.: 328
File No.:
Township:
Primary Registration District No.: 3017
Registered No.:
City: Trenton Mo (No. 24th St + Princeton Road St. 3rd Ward)

2. FULL NAME: Prematurely born, died unnamed

(a) Residence, No. 24th St + Princeton Road St., 3rd 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 26 1935

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or 20 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): Trenton Mo

FATHER
13. NAME: Howard King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Mo

MOTHER
15. MAIDEN NAME: Dorris L. Lawson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Melbourne Mo

17. INFORMANT (ADDRESS): Jas. Lawson Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edinburg Cem. DATE: Nov 27, 1935

19. UNDERTAKER (ADDRESS): None

20. FILED: Nov 27, 1935 Irene D. Fair, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1935, to Nov 26, 1935
I last saw him alive on Nov 26, 1935. Death is said to have occurred on the date stated above, at 8:10 P.M.
The principal cause of death and related causes of importance were as follows:

Premature birth, (perhaps 5½ mo. period of gestation)

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) G. W. Belshe, M. D.
(Address) Trenton 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.