DEC 12 1935

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

Do not use this space.

37935

Registration District No. 701
Primary Registration District No. 1003
File No.
Registered No. 9921

1. PLACE OF DEATH
County
Township
City St. Louis (No. City Hospital St. Ward)

2. FULL NAME Baby Carlton

(a) Residence, No. 3620 Cook St. Ward. 11
(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2-1935

7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, 2 hrs. or 53 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) St. Louis Mo

FATHER
13. NAME John Carlton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madrid Mo

MOTHER
15. MAIDEN NAME Ruth Dabbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) John Carlton City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lib Cemetery DATE 11/27/35

19. UNDERTAKER (ADDRESS) David Van Hoosier C. H. Gt

20. FILED NOV 26 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1935, to 11-2, 1935. I last saw h. alive on 11-2, 1935. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Polycystic Kidneys	
Enlarged thymus	

Other contributory causes of importance: 159 / 0

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?
If so, specify
(Signed) A. E. Dellinger, M. D.
(Address) City Hosp

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.