

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

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Stitchell
City St. Louis (No. _____) St. _____ Ward _____

Registration District No. 903
Primary Registration District No. 6312

File No. 21830
Registered No. _____

2. FULL NAME

Infant daughter of Mr. & Mrs. Carl M. McEggin
(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 <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20, 1936</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Grant City
(STATE OR COUNTRY) Mo.

13. NAME Carl M. McEggin

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

15. MAIDEN NAME Michael M. Ramsey

16. BIRTHPLACE (CITY OR TOWN) Plattsburgh
(STATE OR COUNTRY) N.Y.

17. INFORMANT Carl M. McEggin
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stitchell DATE 5/21, 1936

19. UNDERTAKER Arch C. Dwyer
(ADDRESS) _____

20. FILED 7 9, 1936 2nd Med Mo.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1936
22. I HEREBY CERTIFY, That I attended deceased from Birth, 19____, to____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Premature Infants
Date of onset _____

Other contributory causes of importance:
159

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) O. R. Shelton, M. D.
(Address) Welding Iron

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.

