JUL 20 1936

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

Stahl
Do not use this space.

1. PLACE OF DEATH

County: Greene — Registration District No.: 318 — File No.: 22563

Township: — Primary Registration District No.: 2001 — Registered No.: 509

City: Springfield (No. Burge Hospital St. Ward)

2. FULL NAME: Infant daughter Mr. & Mrs. M. E. Kattleman

(a) Residence, No. 448 East Madison 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9 1936

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, 12 hrs. or 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): Springfield Missouri

FATHER

13. NAME: M. E. Kattleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER

15. MAIDEN NAME: Mae Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Co Mo

17. INFORMANT (ADDRESS): Martin E. Kattleman Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: EastLawn DATE: 6/10/36, 19

19. UNDERTAKER (ADDRESS): Herman H. Lohmeyer Springfield Mo

20. FILED JUN 10 '36, 19 Dr Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-9-36, 19, to 6-9-36, 19
I last saw h. alive on 6-9-, 1936. Death is said to have occurred on the date stated above, at 10 30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Congenital atelectasis	

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) Urban B. Russell, M. D.
(Address) Springfield, 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.

MARGIN REMAINS WITH UNFADING INK—THIS IS A PERMANENT RECORD