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.

JAN 27 1937

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

Do not use this space.

47460

1. PLACE OF DEATH
County Warren — Registration District No. 881
Township — Primary Registration District No. 4534
City Warrenton (No. ..... St. ..... Ward)

File No. .....
Registered No. 44

2. FULL NAME Not named Huber (boy)
(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 Male
4. COLOR OR RACE White
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) 12-1-36
7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, ... 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) Near Warrenton, Mo.

FATHER
13. NAME Vincent Huber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton, Mo.

MOTHER
15. MAIDEN NAME Edna Wilburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willsville, Mo.

17. INFORMANT (ADDRESS) Vincent Huber Warrenton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrenton City Cem DATE Dec 3 1936
19. UNDERTAKER (ADDRESS) F. W. Meehan Warrenton Mo.
20. FILED Dec 3 1936 A W Meehan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1936, to 12-2, 1936
I last saw him alive on 12-2, 1936 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Premature birth — Date of onset

Other contributory causes of importance:

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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) H Walter Eyermann M. D.
(Address) Warrenton, Mo