

SEP 25 1935

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

Do not use this space.

1. PLACE OF DEATH

County Way, MadrilRegistration District No. 605Township CosmoPrimary Registration District No. 4357City (No.)File No. 48818Registered No. St. Ward 2. FULL NAME Baby Aleip(a) Residence, No.

(Usual place of abode)

St. Ward

(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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) S5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-18-34

7. AGE

YEARS Still bornMONTHS DAYS If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. nil9. 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) Mo13. NAME Willie Aleip14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ark15. MAIDEN NAME Mildred Jenkins16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo17. INFORMANT Willie Aleip
(ADDRESS) Catrol

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home yardDATE 8-18

1935

19. UNDERTAKER none
(ADDRESS) 20. FILED 8/18

1935

Dr. G. W. Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18, 193422. I HEREBY CERTIFY, That I attended deceased from
8-18, 1934, to 8/18, 1934

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? X23. 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) Dr. G. W. Smith, M. D.(Address) Parma

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.

