

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Eugene
City (No. _____)

Registration District No. 135
Primary Registration District No. 5201

File No. 5373
Registered No. 14
St. _____ Ward _____

2. FULL NAME

Jimmie Lee Hemach

(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) Feb 7, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) Wahenda Mo.

FATHER 13. NAME John Henry Hemach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County

MOTHER 15. MAIDEN NAME Martha Bates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa, Kansas

17. INFORMANT (ADDRESS) John Hemach Wahenda

18. BURIAL, CREMATION, OR REMOVAL PLACE Adhis Cemetery DATE Feb 7, 1937

19. UNDERTAKER (ADDRESS) Family

20. FILED _____ 19 _____ Juch Haskeia Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 7, 1937

I last saw him alive on Feb 7, 1937 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:

Premature birth.

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? No
If so, specify _____

(Signed) B. Hamilton Galen, M. D.
(Address) Carrollton, Missouri

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.

