

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 668 St. 668 Ward)

Registration District No. 668
Primary Registration District No. 3032

File No. 668
Registered No. 668

2. FULL NAME Infant daughter of Mr. and Mrs. C.N. Aven

(a) Residence, No. 511 West 5th St. 668 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1937

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

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) Sedalia, Mo. (STATE OR COUNTRY)

13. NAME C.N. Aven

14. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)

15. MAIDEN NAME Stella Kahrs

16. BIRTHPLACE (CITY OR TOWN) Sedalia (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) C.N. Aven 511 West 5th, Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 2/21/37, 1937

19. UNDERTAKER (ADDRESS) Duane Fving Sedalia

20. FILED 2-23-37 Jean Slack Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/20, 1937, to 2/20, 1937

I last saw her alive on 2/20, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Conjunctival Asthenia

Other contributory causes of importance:

(Twin Pregnancy)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? hw

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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? hw

If so, specify _____

(Signed) W. B. Eastman M. D.

(Address) Sedalia

Aven

Dr. Beckemeyer
120 West 5th