CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 799 — File No. 17701
Township — Primary Registration District No. 4474 — Registered No. 14
City X (No. , St. Ward)

2. FULL NAME Infant (Henry Curl)
(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 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) apr-2-37
7. AGE YEARS — MONTHS — DAYS — 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) Slater mo

FATHER
13. NAME Henry Curl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove mo.

MOTHER
15. MAIDEN NAME May Peel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slater mo.

17. INFORMANT (ADDRESS) Henry Curl Slater R. #3
18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater mo DATE apr-2-37
19. UNDERTAKER (ADDRESS) Jones & Salzer Slater mo.
20. FILED April 2 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr-2-, 1937
22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to April 2, 1937
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
was born at 6 a.m.	
— Still born —	
Cause unknown	
Labor from 2 a.m. to 6 a.m.	
normal — in every way —	

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?
If so, specify
(Signed) R H Nuckles, M. D.
(Address) R. H. Nuckles