

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

Do not use this space.

1. PLACE OF DEATH

103 County St. Charles
Township Caster
City..... (No..... St..... Ward)

Registration District No. 837

Primary Registration District No. 6099

File No. 17766

Registered No.

2. FULL NAME Unnamed

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

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.

✓

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)

Bloomfield Mo

FATHER

13. NAME

Mrs. Lave Kirby

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

Bloomfield Mo

MOTHER

15. MAIDEN NAME

Edna M. McNeely

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

Aguilla Mo

17. INFORMANT (ADDRESS)

Mr. R. Kirby

18. BURIAL, CREMATION OR REMOVAL

PLACE Walker Cemetery DATE Apr. 30, 1937

19. UNDERTAKER (ADDRESS)

James W. and Leo Bloomfield Mo

20. FILED

Apr 7, 1937 Dr. Edw. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1937, 4/29, 1937

I last saw her alive on April 28, 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

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? Clinical 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) Edward Ford....., M. D.

(Address) Bloomfield Mo.

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

