

JUN 29 1937

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

Do not use this space.

21321

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 789
Township W. 1st and Central Primary Registration District No. 6033
City Carsonville (No. 9200 Natural Bridge 2)

File No. _____
Registered No. 151
St. _____ Ward _____

2. FULL NAME Baby Echols

(a) Residence, No. 9200 Natural Bridge 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
St. born

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. V
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) Carsonville Mo

FATHER 13. NAME William Echols

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

MOTHER 15. MAIDEN NAME Louise Steward

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

17. INFORMANT (ADDRESS) Mr. William Echols
9200 Natural Bridge

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE May 31 1937

19. UNDERTAKER (ADDRESS) L. B. Tanner
607 Natural Bridge Rd

20. FILED 5-31-37 1937 W. B. Bahner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 10:59 m.

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

Stillborn (full-term) Date of onset 5/30/37

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physiometry Was there an autopsy? yes

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 7
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John O. Howell, M. D.
(Address) Former St. Louis family

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.

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THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF TEXAS
DALLAS, TEXAS

TO THE HONORABLE
COMMISSIONERS OF THE
LAND OFFICE
DALLAS, TEXAS

RE: [Illegible]

[Illegible text follows, appearing as a list or set of instructions.]