

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

JUL 8 - 1937

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

Do not use this space.

791
1003

21889

1. PLACE OF DEATH
County St Louis Childrens Hospital Registration District No. _____
Township S Primary Registration District No. _____
City _____ (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 5641

2. FULL NAME Ledbetter, Harvey
(a) Residence, No. 128 Munger, Hannibal, Mo. St. NR Ward. HANNIBAL MO.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August, 14, 1932 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 Yrs 9 mo 24 da

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) Hannibal, Mo.

13. NAME Charles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Schuerman, Katherine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT m. Strom
(ADDRESS) St. Louis Childrens Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE HANNIBAL MO DATE 6/10 1937

19. UNDERTAKER W. A. STOCK UND. CO.
(ADDRESS) 2117 E. GRAND

20. JUN 9 1937 19 JA Bredeck
Registrar.

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

22. I HEREBY CERTIFY That I attended deceased from May 19 1937, to June 7 1937
I last saw h. id alive on June 7 1937. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

Menigitis - Pneumococci Type 10/10/1937
Brain Abscess - Pneumococci Type 10/10/1937
Date of onset May 20 1937

Other contributory causes of importance: 79a

Name of operation Aspiration of abscess Date of May 20 1937
What test confirmed diagnosis? _____ 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Eugene M. Baake, M. D.
(Address) Barnes Hospital

11-000

