

JUL 29 1937

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

Do not use this space.

23941

1. PLACE OF DEATH

County Jasper Registration District No. 108
Township Southgate Primary Registration District No. 3020
City Southgate (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Infant of Mr + Mrs Harold Eber
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
Stillborn
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 16, 1937
I last saw him alive on June 16, 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

Premature
7 mo. gestation
159
Other contributory causes of importance: none

Date of onset _____

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) George H. Wood, M. D.
(Address) Southgate Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Southgate, Mo
13. NAME Harold W. Eber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans, La
15. MAIDEN NAME Minnie Kirby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabash City, Mo
17. INFORMANT (ADDRESS) Harold Eber
Southgate, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wabash City, La DATE June 17, 1937
19. UNDERTAKER (ADDRESS) Harold W. Eber
Southgate, Mo
20. FILED June 17, 1937 R. B. Clinton
Registrar.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

