

67 JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mississippi 2  
Township Ohio 1  
City New-Cross-Butte (No. ....) St. .... Ward)

Registration District No. 576  
Primary Registration District No. 5765

File No. 24349  
Registered No. 110

2. FULL NAME

Baby Williston

(a) Residence, No. .... St. .... Ward.

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) OS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-21-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 0 0 0 6 15

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) Mississippi Co. (STATE OR COUNTRY) Mississippi

13. NAME Frank Williston

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

15. MAIDEN NAME Martha McIntyre

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

17. INFORMANT Frank Williston (ADDRESS) Caro, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rush Ridge DATE 6-21-1937

19. UNDERTAKER Rebelle Wagon Boy (ADDRESS)

20. FILED 6-21-1937 F A Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21-1937, to 6-21-1937

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Premature Birth Date of onset

Other contributory causes of importance: 159

Name of operation no 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 1  
Nature of injury .....

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

(Signed) J. Jones M. D.  
(Address) J. Williston, 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.

1  
2  
2

THIS IS A PERMANENT RECORD

