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.

SEP 21 1937

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

Do not use this space.

Registration District No. 548.
Primary Registration District No. 4323.

File No. 31214
Registered No. 36.

1. PLACE OF DEATH
County: Marion ~~Liberty~~
Township:
City: Palmyra (No. ..., St. ..., Ward)

2. FULL NAME: Baby Donelson

(a) Residence, No. Palmyra, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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 (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/26/37

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 3 hrs. or ... min.

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): Palmyram Mo.

FATHER
13. NAME: Roy Donelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo.

MOTHER
15. MAIDEN NAME: Marie Cary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo.

17. INFORMANT: Roy Donelson
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra, Mo. DATE 8/27/37, 19

19. UNDERTAKER: Laird Brothers
(ADDRESS) Palmyra, Mo.

20. FILED Aug. 27, 1937. Gertrude Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1937, to Aug 26, 1937
I last saw him alive on Aug 26, 1937. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

159

Name of operation: 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: /
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D. G. Moseley, M. D.
(Address) Palmyra Mo