

SEP 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County MarionTownship Fabius

City

(No. ....)

Registration District No. 548.Primary Registration District No. 5743.File No. 31217Registered No. 37.

St. ....

Ward) .....

## 2. FULL NAME

Baby Claus(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)

Aug. 27-1937

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

000

## 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)

Marion County, Mo.

## MOTHER FATHER

## 13. NAME

Ralph Claus

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shelby County, Mo.

## 15. MAIDEN NAME

Bernice Stephenson

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shelby County, Mo.

## 17. INFORMANT (ADDRESS)

Ralph Claus  
Palmyra, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

Emden, Mo.

DATE

8/28/37

19.

## 19. UNDERTAKER (ADDRESS)

Palmyra, Mo.

## 20. FILED

Aug. 28-1937Vertude 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

August 27, 1937, to August 27, 1937

I last saw ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Stillbirth

Date of onset

Other contributory causes of importance:

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..... 3

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed)

Dr. J. H. Stillman, M.D.

(Address)

Palmyra 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.

