

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

Do not use this space.

OCT 19 1937

1. PLACE OF DEATH

County Codpor

Township

City Boonville

Registration District No. 218

Primary Registration District No. 3015

File No. 34035

Registered No. 90

2. FULL NAME

Infant of Dr. & Mrs Alex van Ravenswaay

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Sept 20th 1937

7. AGE

YEARS

MONTHS

DAYS

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

Stillborn

OCCUPATION

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)

Boonville Mo.

FATHER

13. NAME

Dr Alex van Ravenswaay

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

Holland.

MOTHER

15. MAIDEN NAME

Berencie Brummel

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

Pocatello Idaho

17. INFORMANT (ADDRESS)

Dr Alex van Ravenswaay Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catholic Cem. DATE Sept 21 1937

19. UNDERTAKER (ADDRESS)

Goodman & Miller Boonville Mo

20. FILED Sept 21 1937

Dr Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 21 1937, to Sept 20 1937.

I last saw him alive on Stillborn, 19..... Death is said

to have occurred on the date stated above, at 6:00 p.m.

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

Premature birth -  
6 months /  
born dead.

Other contributory causes of importance:

Cord around neck.

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? N.O.

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? N.O.

If so, specify

(Signed) Alex Ravenswaay, M. D.

(Address) Boonville Mo.

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.

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