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.

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Andrew
Township Jackson
City ~~Savannah~~ (No. ..... St. ..... Ward)

Registration District No. 11
Primary Registration District No. 5015

File No. 36985
Registered No. 1

2. FULL NAME Babe Lance Infant daughter of Aaron Lance & wife
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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) Oct 13 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or 10 min.

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) Savannah Mo

FATHER
13. NAME Aaron Lance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Filmore Mo

MOTHER
15. MAIDEN NAME Galdie Alkire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnard Mo.

17. INFORMANT (ADDRESS) Aaron Lance Savannah Mo. R#1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Oct 14 1937
19. UNDERTAKER (ADDRESS) J. Fred Terhune Savannah
20. FILED Oct 14 1937 Mrs. Addie Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1937, to Oct 13 1937
I last saw her alive on Oct 13 1937 Death is said to have occurred on the date stated above, at 4 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
Congenital Malformation	

Other contributory causes of importance:

Name of operation ..... 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) Clifford L. Steidley M. D.
(Address) Savannah Mo.