

DEC 4 APR 23 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Vernon
Township
City Nevada

Registration District No. 875

Primary Registration District No. 3039

File No.

Registered No. 87

St. Ward)

2. FULL NAME

Premature Birth 620 200

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 2

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, no. 0

13. NAME Jus Maus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schell City, Mo

15. MAIDEN NAME Violet Casper Maus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

17. INFORMANT (ADDRESS) Jus Maus Schell City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Schell City, Mo DATE May 30, 1938

19. UNDERTAKER (ADDRESS) Auto Lewis & Son Schell City, Mo.

20. FILED 3-30 1938 Allen V. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... I last saw him alive on Mar. 29, 1938 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:
Premature infant (seven months) Date of onset

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) [Signature] M. D.
795 (Address) Nevada, 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.

