REC'D JUN 16 1938

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

Do not use this space.

1. PLACE OF DEATH
County Crawford | Registration District No. 230 | File No. 18124
Township Benton | Primary Registration District No. 5312 | Registered No.
City (No. St. Ward)

2. FULL NAME Stiee born 520
(a) Residence, No. St., Ward.
(Usual place of abode) (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 F.
4. COLOR OR RACE W.
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) 3/4/38
7. AGE YEARS MONTHS DAYS Stiee born If LESS than 1 day, 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. Infant
10. Date deceased last worked at this occupation (month and year) Infant
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba Mo. 0

FATHER
13. NAME Fred Enke 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba Mo.

MOTHER
15. MAIDEN NAME Rezak
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Fred Enke, Cuba Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Vogler Cemetery DATE 3/4/1938
19. UNDERTAKER (ADDRESS) Henry Enke Cuba Mo.
20. FILED May 3, 1938 G. G. Ackerman Registrar. 206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4/, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3/4/, 1938, to 3/4/, 1938
I last saw h alive on Stiee born, 19 Death is said to have occurred on the date stated above, at
The principal cause of death and related causes of importance were as follows:

Don't know any cause.

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
Nature of injury

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