No. 2

JAN 17 1939

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

Do not use this space.

43232

1. PLACE OF DEATH
42 County Henry 2 Registration District No. 347
Township Bogard 1 Primary Registration District No. 5485
City Blairstown (No. 365 St. Ward)

File No.
Registered No.

2. FULL NAME Infant Son (Unnamed) Hetherington

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25th 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

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): Blairstown Mo

FATHER

13. NAME: Paul R. Hetherington

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

MOTHER

15. MAIDEN NAME: Beula F. Beaty

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

17. INFORMANT (ADDRESS): Paul R Hetherington Blairstown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntingale Mo. DATE 12-25-38

19. UNDERTAKER (ADDRESS): O. L. Cook Chilhowee, Mo.

20. FILED 12-31 1938 Dr J R Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25th 1938 to Dec 25th 1938

I last saw him alive on Dec 25th 1938. Death is said to have occurred on the date stated above, at 7-15 Am.

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

	Date of onset
Premature Birth	
Cause Unknown	

Other contributory causes of importance:

154

Name of operation: — Date of: —

What test confirmed diagnosis? Physical 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? no

If so, specify

(Signed) J. S. McDonald, M. D.

(Address) Ulrich Mo

3121

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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