REC'D SEP 14 1939

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

Do not use this space.

29463

1. PLACE OF DEATH
County Jefferson 2 Registration District No. 421 File No.
Township 1 Primary Registration District No. 5575A Registered No. 61
City Crystal City, Mo. (No. , St. Ward)
630

2. FULL NAME Baby Short
(a) Residence, No. Crystal City, Mo. 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 Male
4. COLOR OR RACE White
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) August 12, 1939

7. AGE YEARS MONTHS DAYS 0 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.
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) Crystal City, Missouri

FATHER
13. NAME Andrew C. Short
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herculaneum, Missouri

MOTHER
15. MAIDEN NAME Mary Hess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown St. Louis County

17. INFORMANT (ADDRESS) Andrew C. Short Crystal City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crystal City, Mo. DATE August 12, 1939

19. UNDERTAKER (ADDRESS) Aentry R. Pollitt Crystal City, Mo.

20. FILED Aug 14, 1939 J. C. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1939, to Aug 12, 1939
I last saw h— alive on (Stillborn), 19—. Death is said to have occurred on the date stated above, at 8:15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
asphyxia neonatorum pallida	8-12-39
Other contributory causes of importance:	
Breech presentation with arms in nuchal position	8-12-39

Name of operation none Date of —
What test confirmed diagnosis? clinical 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? —
If so, specify
(Signed) John F. Rutledge, M. D.
(Address) Crystal City, 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.