

JAN 17 1938

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

Do not use this space.

43231

1. PLACE OF DEATH

17 County Osage  
Township Boyard  
City Blairtown (No. 1)

Registration District No. 347  
Primary Registration District No. 5485

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

Infant Son (unnamed) Hetherington

(a) Residence, No. .... 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 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 Single

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

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

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) Blairtown Mo

13. NAME Paul R. Hetherington

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

15. MAIDEN NAME Beula F. Beatty

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

17. INFORMANT Paul R. Hetherington (ADDRESS) Blairtown Mo

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

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

20. FILED 12-31 1938 Dr J B Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on Dec 25 1938 Death is said to have occurred on the date stated above, at 7<sup>00</sup> A. m.

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

Premature Birth  
Cause unknown

Other contributory causes of importance: 159

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) J. S. McDonald M. D.  
(Address) Blairtown Mo

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

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.

30M-107-22-38 I 20314

RECEIVED  
District Health Officer No. 7,  
District File Number 7-9-8  
Date Filed 1-4-39