

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

Do not use this space.

15812

File No. _____
Registered No. 49 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No. _____)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME

Magdelene Wildt

(a) Residence. No. 5th & High Sts. 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

Female

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) May 12, 1930

7. AGE

YEARS 0

MONTHS 0

DAYS 0

If LESS than 1 day, 4 hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Washington Missouri

PARENTS

10. NAME OF FATHER Henry Wildt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Neier Franklin Co., Missouri

12. MAIDEN NAME OF MOTHER Magdelene Zwicke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Neier Franklin Co., Missouri

14. INFORMANT Henry Wildt

(Address) Washington, Mo.

15. FILED May 13, 1930 O. L. Munnah REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930 to May 13, 1930 that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature infant period of uterine gestation 6 1/2 months

159 (duration) yrs. mos. ds. CONTRIBUTORY Heart disease (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

Place of death
IF NOT AT PLACE OF DEATH

no DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Robert N. Cutler, M. D.

May 13, 1930 (Address) Washington Mo.
State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Catholic Cemetery DATE OF BURIAL 5/13/1930
Washington, Mo.

20. UNDERTAKER

Otto & Co., ADDRESS Washington, 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.

