

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

Do not use this space.

20610

**1. PLACE OF DEATH**

County Madison

Registration District No. 538

File No. ....

Township .....

Primary Registration District No. 3028

Registered No. ....

City Fredericktown Mo.

St. .... Ward)

**2. FULL NAME** Unnamed Infant of Birdie Williams

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE B. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1930

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

I HEREBY CERTIFY, That I attended deceased from June 22, 1930, to 6-23, 1930.  
That I last saw him alive on 6-22, 1930, and that death occurred, on the date stated above, at 6:30 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1930

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Congenital Syphilis -

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

34 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work —  
(b) General nature of industry, business, or establishment in which employed (or employer) —  
(c) Name of employer —

CONTRIBUTORY (SECONDARY) —  
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

10. NAME OF FATHER unknown

DID AN OPERATION PRECEDE DEATH? .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) .....

17. WAS THERE AN AUTOPSY? .....

12. MAIDEN NAME OF MOTHER Birdie Williams

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) T. Harry Brown, M. D.  
6/25, 1930 (Address) Fredericktown Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss. La Motte Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Courtis Williams  
(Address) Fredericktown Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fredericktown Mo. DATE OF BURIAL June 23 1930

15. FILED 30 19 30 C. H. D. ... REGISTRAR

20. UNDERTAKER Ed. H. Webb Fredericktown Mo.

Exact statement of OCCUPATION is very important. Do not use this space.

