

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

Do not use this space.

722

FEB 18 1931

1. PLACE OF DEATH

County Daviess Registration District No. 254
 Township Benton Primary Registration District No. 4184
 City..... (No.) St. Ward)

File No.
 Registered No. 1

2. FULL NAME

(a) Residence. No. St. Ward.
 (Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 11 3

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) Daviess Co Mo

10. NAME OF FATHER Robert E. Warford

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

12. MAIDEN NAME OF MOTHER Ethel Savage

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co Mo

14. INFORMANT Robert E. Warford
 (Address) Pattonburg, Mo

15. FILED 1/2, 1931 John L. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) I-2-31 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1931, to Jan 31, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 6:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Bleeding

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank W. ... M. D.

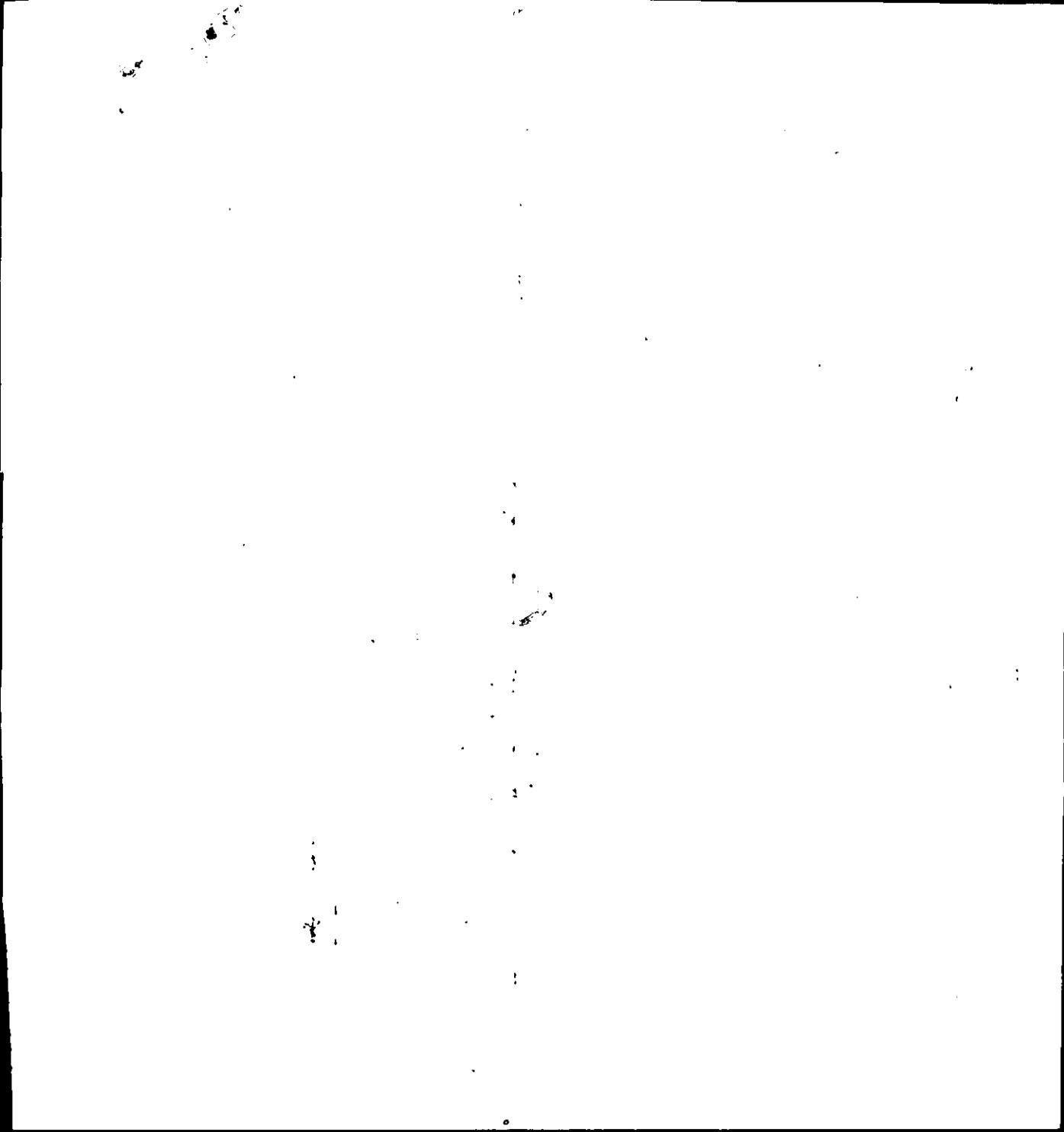
1/2 1931 (Address) Pattonburg Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Savage Cemetary I-2-31 19

20. UNDERTAKER Frank ... ADDRESS Pattonburg



cated by check marks, lacking from the death certificate:

Name: Infant

Who died at: Pattonburg Mo on _____

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pulmonary Stenosis

Contributory: Congenital

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: Frank Wedges

S-722
1/2/51