

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.

MAR 25 1931

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

Do not use this space.

6358

File No. \_\_\_\_\_  
 Registered No. 6  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

66 County Miller  
 Township Blaze  
 City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 565  
 Primary Registration District No. 57619

2. FULL NAME

Infant Sibley  
 (a) Residence No. \_\_\_\_\_ 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3-1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
16

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) Union Mo.  
 (STATE OR COUNTRY)

PARENTS  
 10. NAME OF FATHER Wesley Sibley  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polk Co. Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Catton  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miller Co. Mo.  
 (STATE OR COUNTRY)

14. INFORMANT W. H. Sibley  
 (Address) Union Mo.

15. FILED 4/21 3/1931 C. R. Hawkins  
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 3 1931, to Feb. 19 1931, that I last saw him alive on Feb. 17 1931, and that death occurred, on the date stated above, at 7:00 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature baby 7 months  
Coed  
153  
1/57 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH  
8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? (1)  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) W. D. Duncan M. D.  
3/19 1931 (Address) Union 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 Hawkins Cem. DATE OF BURIAL 3/19 1931  
 20. UNDERTAKER Adams & Casey ADDRESS Union Mo.

