OCT 8 1934

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

Do not use this space.

30067

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township Marion — Primary Registration District No. 30 rg — Registered No. 244

City Hannibal (No. Levering Hospital St. 6th Ward)

2. FULL NAME Unnamed Premature Child — Died unnamed

(a) Residence, No. 601a Ely St., 4th 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 Female

4. COLOR OR RACE White

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) August 8, 1934

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

OCCUPATION

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. "

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

FATHER

13. NAME George Adrian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

MOTHER

15. MAIDEN NAME Mildred Wagy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denton Kansas

17. INFORMANT (ADDRESS) George Adrian 601 Ely St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet Cem. DATE Aug 10 1934

19. UNDERTAKER (ADDRESS) Roy P. Schwartz Hannibal Mo

20. FILED Aug 11 1934 R. W. Isbister Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1934, to Aug 9 1934

I last saw her alive on Aug 9 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Premature birth — 6 mo

157

Date of onset

Other contributory causes of importance:

159

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) W. P. Burney M. D.

(Address) Hannibal 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.

100M-11-24-33