

OCT 2 2 1935

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

Do not use this space.

29626

1. PLACE OF DEATH

County Jackson
Township Law
City St. Louis

Registration District No. 395
Hospital Registration District No. 1079
(No. St. Mary's Hospital)

File No. 3890
Registered No. 3890
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Baby Clifton St. 7. N. C. Ward MO
(Usual place of abode) 321 W. Levee (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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28, 1935</u>		
7. AGE	YEARS	MONTHS
		<u>3</u>
		<u>22</u>
		Days
		<u>22</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	<u>Child</u>	
	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)	11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Harlem MO</u>	
FATHER	13. NAME <u>Harney Clifton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Outman Co MO</u>	
MOTHER	15. MAIDEN NAME <u>Via Brack</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas Ark</u>	
17. INFORMANT (ADDRESS) <u>Harney Clifton 321 W Levee St. Harlem MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>Sept. 20, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Quinn & Son Co. 20 W. Kemwood</u>		
20. FILED <u>Sept 20, 1935 M. M. Crowe Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 193522. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to Sept 19, 1935I last saw her alive on 9/19, 1935 Death is said to have occurred on the date stated above, at 5:35 pm.

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

Prematurity Date of onset 9/28/35

Other contributory causes of importance:

Bronchopneumonia (primary of infancy) and acute pleurisy 9/19/35Name of operation non-tuberculous Date of _____What test confirmed diagnosis? _____ Was there an autopsy? Yes.

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) Glyde H. Randall, M. D.(Address) 6316 Prof Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

