MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County Warren
Township Elkhorn
City ..... (No. ..... St. ..... Ward)

Registration District No. 881
Primary Registration District No. 6171

File No. 9244
Registered No. 8

2. FULL NAME Premature Girl Baby not named.

(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 Girl
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7th 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Warren County Mo

FATHER
13. NAME Christ Meinershagen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co, Mo.

MOTHER
15. MAIDEN NAME Lilly Sherrel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo

17. INFORMANT (ADDRESS) Christ Meinershagen Warrenton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. DATE Feb 8 1937
19. UNDERTAKER (ADDRESS) None
20. FILED Feb 10 1937 A. W. Ebeling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1937, to Feb. 7 1937
I last saw her alive on Feb 7th 1937 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

Premature Birth

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) E. H. Brandt, M. D.
(Address) Warrenton 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.

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