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.

REC'D MAR 14 1938

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

6123
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan 9 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 199
(c) City St. Joseph (d) Street No. Found North side of Lake Bld'v. (Creek Bank.) St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unknown Female Infant. 525
(a) Residence, No. Unknown St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) Unknown
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Unknown Unknown 9

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) B.W. Tadlock M.D. Coroner. King Hill Bld'g. St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL City Cemetery.
PLACE St. Joseph, Mo. DATE Febr. 14 1938.
19. FUNERAL DIRECTOR (ADDRESS) H.O. Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.
20. FILED Feby 14 1938 H. J. Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About Feb 12, 1938. Viewed
22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1938, to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at Unknown
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth probably due to crimnal abortion. Fetus was found in a ditch	

Other contributory causes of importance: none

Name of operation ... Date of ...
What test confirmed diagnosis? History Was there an autopsy? no

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) B.W. Tadlock M.D. Coroner, M. D.
(Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Elbert R. Harrington, Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my-self.

L. E.

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)