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 9 1939

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

Do not use this space.

6286

1. PLACE OF DEATH
County Call
Registration District No. 213
File No.
Township
Primary Registration District No. 3014
Registered No. 37
City Jefferson City (No. MO, St. Mary's Hosp St. Ward)

2. FULL NAME Charles Eugene Letterman
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1939
7. AGE — YEARS — MONTHS — DAYS 31 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) Wellsville MO Montgomery Co

FATHER
13. NAME Obie Jessie Letterman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME Nadine Craghead
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Mrs Letterman
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton DATE Feb-10 1939
19. UNDERTAKER (ADDRESS) Geo G. Wallace Fulton MO.
20. FILED 2/9/1939 A. V. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939 to Feb 8, 1939
I last saw him alive on Feb 8, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	Birth
1511	

Other contributory causes of importance:

Broncho-Pneumonia	2/7-39
Malnutrition	Birth

Name of operation Nemstadt Date of 2/6-39
What test confirmed diagnosis? X-Ray 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) Irl Brown Krause M. D.
(Address) Jefferson City, MO