

OCT 25 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35091
22

1. PLACE OF DEATH

County Ray Registration District No. 740 File No. 35091
Township Locust Grove Primary Registration District No. 22 Registered No. 22
City Hardin Mo No. _____ St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from
at birth, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 8, 1937

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hrs. or _____min.

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

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. Infant
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Stillbirth
Oligohydramnion
Death occurred within first 2 hours of first stage of labor.

12. BIRTHPLACE (CITY OR TOWN) Hardin
(STATE OR COUNTRY) Missouri

Other contributory causes of importance: _____

13. NAME Luther Frank Penner

Date of onset _____

14. BIRTHPLACE (CITY OR TOWN) Carroll County
(STATE OR COUNTRY) Missouri

Name of operation none Date of _____

15. MAIDEN NAME Margaret Mae Mason

What test confirmed diagnosis? Clinical Was there an autopsy? _____

16. BIRTHPLACE (CITY OR TOWN) Ray County
(STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT Mr. Luther F. Penner
(ADDRESS) Hardin Missouri

Where did injury occur? _____
(Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE North Hope Cemetery DATE September 9, 1937

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER W. B. Mason
(ADDRESS) Hardin Missouri

Manner of injury _____
Nature of injury _____

20. FILED Sept 9 1937 A. J. Wilford
Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Carl H. Reed, M. D.
(Address) Hardin

All 27-yearly return of information should be carefully supervised. A 25 should be stated EARLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

