JAN 21 1930

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

Do not use this space.

40201

1. PLACE OF DEATH
County Douglass — Registration District No. 276 — File No.
Township X Wood — Primary Registration District No. 5389 — Registered No. 10
City ..... (No. ..... St. ..... Ward)

2. FULL NAME X Maxene Rankin
(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: Female
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: 00

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-5-1929

7. AGE: YEARS 00 — MONTHS 00 — DAYS 00 — If LESS than 1 day, 13 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) At home
(STATE OR COUNTRY) Douglass Co Mo

PARENTS
10. NAME OF FATHER Frank Rankin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) X [illegible]
12. MAIDEN NAME OF MOTHER Ruth Carr
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Douglass Co Mo

14. INFORMANT J. D. Woodward
(Address) Mtn Grove R 2

15. FILED Dec 6 1929 Ethel Sutherland
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-5 1929

17. I HEREBY CERTIFY, That I attended deceased from Died with, 19..., to ....., 19..., that I last saw h..... alive on medical attendance 19..., and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature and weak
(duration) ..... yrs. ..... mos. 18 hrs ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) L. T. Sunnoy, M. D.
12/5, 1929 (Address) Norwood

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Clifty Hall — DATE OF BURIAL: 12/6 1929

20. UNDERTAKER: None — ADDRESS: —

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.