

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 25 1931

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

Do not use this space.

10766

## 1. PLACE OF BIRTH

County Miller  
Township Franklin  
City Franklin (No.         )

Registration District No. 561Primary Registration District No. 5-75-6File No.         Registered No. 17St.          Ward         

## 2. FULL NAME

(a) Residence, No. Dorothy Jean AngelSt.         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)

Single

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 18 - 1928

## 7. AGE

2

YEARS

MONTHS 6DAYS 13If LESS than 1 day, 1 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)

Florence Alabama

## FATHER

## 13. NAME

W. C. Angel

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Florence Alabama

## MOTHER

## 15. MAIDEN NAME

Cora Brooks

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Florence Alabama

## 17. INFORMANT (ADDRESS)

W. A. Phillips Eldon Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Florence AlabamaDATE 3-5-1931

## 19. UNDERTAKER (ADDRESS)

W. A. Phillips Eldon Mo20. FILED 3-5-1931Belle Haynes Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 4, 1931

## 22. I HEREBY CERTIFY, That I attended deceased from

March 3d, 1931, to March 4, 1931I last saw her alive on March 4th, 1931. Death is saidto have occurred on the date stated above, at 10 A. M.

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

Spinal Meningitis (meningococcus)Date of onset 18Other contributory causes of importance: 18Name of operation Spinal PunctureDate of         What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

## 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?

If so, specify         (Signed) A. Parrish

M. D.

(Address) Bagnett Mo

