107

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

Do not use this space.

24011

1. PLACE OF DEATH

County: Texas — Registration District No. 1171 — File No.

Township: Jackson — Primary Registration District No. 6145 — Registered No.

City (No. St. Ward)

2. FULL NAME: ~~Infant~~ Peggy May Medlock

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

JUL 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Inf

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5 1931

7. AGE: YEARS | MONTHS | DAYS: 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Raymondville Mo

FATHER

13. NAME: Jered Medlock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Raymondville Mo

MOTHER

15. MAIDEN NAME: Lela Dunham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunker Okla

17. INFORMANT (ADDRESS): Jered Medlock Raymondville

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Boone Creek DATE: June 25 1931

19. UNDERTAKER (ADDRESS): Disposed of by family

20. FILED June 25 1931 Mrs Jolly S Holt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24 1931

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1931, to June 24, 1931

I last saw h. alive on June 6, 1931. Death is said to have occurred on the date stated above, at 5 p.m.

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

Undeveloped

158 158

Date of onset

Other contributory causes of importance:

Name of operation: No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) Leslie Rounds, M. D.
(Address) Licking

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.