

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 24 1931

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

Do not use this space.

28926

1. PLACE OF DEATH

County new madrid Registration District No. 605-
Township Cerro Primary Registration District No. 5804
City (No. _____) St. _____ Ward _____

2. FULL NAME Veril May Dualls

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5-1930</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>0</u>
		<u>11</u>
		<u>Days</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ <u>Infant</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parma Mo.</u>		
FATHER	13. NAME <u>J. A. Dualls</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Getta Lee Coleman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co. Mo.</u>	
	17. INFORMANT <u>J. A. Dualls</u> (ADDRESS) <u>Parma Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gregory Cemetery</u> <u>Aug. 17, 1931</u>	
	19. UNDERTAKER <u>None</u> (ADDRESS) _____	
	20. FILED <u>8/17, 1931</u> <u>Mrs. C. S. Blackman</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1931, to August 16, 1931
I last saw her alive on August 16, 1931. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Rickets
1058
1115
63
105
Other contributory causes of importance:
Wetness and edema
and edema of lungs

Date of onset
8/5/1931
8/15/1931

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) S. S. Mitchell, M. D.
(Address) Walden Mo

