

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

Do not use this space.

35458

1. PLACE OF DEATH

County Ripley
Township Jordan
City (No.)

Registration District No. 750
Primary Registration District No. 5984

File No. 10
Registered No. 1056
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(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.

Unnamed McKinney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh Am 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18, 1921
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
None 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Jordan Twp

13. NAME None Ripley Co Mo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co Mo

15. MAIDEN NAME Verde James

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

17. INFORMANT (ADDRESS) Orrison McKinney

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmons Cemetery DATE Oct. 21

19. UNDERTAKER (ADDRESS) None

20. FILED Oct 20 19 31 E. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 - 31 Oct 18 - 31 1931

I last saw her alive on Oct 18 1931 Death is said

to have occurred on the date stated above, at m.

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

Date of onset

Malformed Premature
SKULL absent - abdomen open
right leg & foot deformed
1580

Other contributory causes of importance

None 15710

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

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) No Rituale M. D.

(Address) Daniphan Mo

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.

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

