

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

Do not use this space.

25315

1. PLACE OF DEATH

County Barton
Township
City Golden City (No. _____)

Registration District No. 39
Primary Registration District No. 4023

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(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 F 4. COLOR OR RACE W 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 4-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or _____ min. 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Golden City
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles Howell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenfield
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Wilma Terth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Coffeyville
(STATE OR COUNTRY) Okla

14. INFORMANT Charles Howell
(Address) Greenfield 186-

15. FILED 8-6 1932 B. Wilson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 4 - 1932, to Aug 5 - 1932 that I last saw h. alive on Aug 5 - 1932, and that death occurred, on the date stated above, at 10:00 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
6 1/2 months gestation

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) J. V. Smith, M. D.

Aug 6, 1932 (Address) Golden City Mo

*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 DATE OF BURIAL

Vaugh Cemetery Aug 6 1932

20. UNDERTAKER ADDRESS

Harrison Undertaking Greenfield 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.

SEP 21 1932

