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

Do not use this space.

File No. 39406

Registered No.

1. PLACE OF DEATH

42 County Henry

Township Fields Creek

Registration District No. 347

Primary Registration District No. 5490

City (No. St. Ward)

2. FULL NAME Infant of Orvel Roberts

(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.

JAN 23 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/9, 1932

7. AGE: Years — Lived; Months — about; Days — 1 hr.; 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.

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) Henry Co. Mo.

FATHER

13. NAME Orvel Roberts

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

MOTHER

15. MAIDEN NAME Ethel May Tullis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo.

17. INFORMANT (ADDRESS) Orvel Roberts Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 12/11, 1932

19. UNDERTAKER (ADDRESS) None,

20. FILED 12/12, 1932 Ed. C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1932 to 12/9, 1932

I last saw her alive on 12/9, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

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

Premature Birth — Date of onset

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Other contributory causes of importance:

(1)

Name of operation 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? 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) Ed. C. Peelor, M. D.

(Address) Clinton, Mo.