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.

AUG 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No. 23538

Township Joachim — Primary Registration District No. 4249 — Registered No. 76

City Festus (No. ..... St. ..... Ward)

50 3 4

2. FULL NAME Unnamed

(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.

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 —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or ..... min.

OCCUPATION

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. none
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) Festus Mo

FATHER

13. NAME Warren J Foshee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bower Okla

MOTHER

15. MAIDEN NAME Florence Newton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bower Okla

17. INFORMANT (ADDRESS) Warren J Foshee

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Festus DATE 7/25 1933

19. UNDERTAKER (ADDRESS) By Father Warren J. Foshee

20. FILED 7/25 1933 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933, to July 24, 1933

I last saw her alive on July 24, 1933. Death is said to have occurred on the date stated above, at 7 30 a.m.

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

Premature Birth — Date of onset

22 weeks

159

159

Other contributory causes of importance: Mother had fall

Name of operation none 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? no

If so, specify .....

(Signed) Norvel W. Jarvis, M. D.

(Address) Festus, Mo.