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

Do not use this space.

36148

File No. 17

Registered No.

Registration District No. 250

Primary Registration District No. 5408

1934 435

1. PLACE OF DEATH
County Dunklin
Township Salem
City (No. , St. Ward)

2. FULL NAME No Name
(a) Residence, No. on Salem Township St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred no yrs. no mos. 4 ds. How long in U. S., if of foreign birth? 00 yrs. 00 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF none

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

7. AGE No YEARS No MONTHS DAYS 2 If LESS than 1 day 4 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) no
11. Total time (years) spent in this occupation no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Mo.

FATHER
13. NAME Indiana
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

MOTHER
15. MAIDEN NAME Carrie Followell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) The father

18. BURIAL, CREMATION, OR REMOVAL
PLACE none DATE Nov. 23 1933

19. UNDERTAKER Harve Cummins Funeral Home
(ADDRESS) Salem Mo. R 3

20. FILED 12-1 1933 W. H. Ridley M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20-33 2 days 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20th 1933 to Nov 22 1933
I last saw h. alive on Nov. 19 1933 Death is said to have occurred on the date stated above at 8 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Their twins had vitality enough from the feeding	
158 150	
Malaria and influeng	

Other contributory causes of importance: Dying in the Mother the last six months made her tries but no chance in 1000 to live

Name of operation none Date of none
What test confirmed diagnosis? Removal Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury No injury
Nature of injury none

24. Was disease or injury in any way related to occupation if deceased?
If so, specify No less Malaria & Influenza
(Signed) W H Ridley, M. D.
(Address) Salem 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.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Dunklin — Registration District No. 290
Township: Valleine — Primary Registration District No. 5408
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 17

2. FULL NAME (MO Name Halbrack unknown Named)

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-19-33

7. AGE — YEARS: | MONTHS: | DAYS: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) .....

FATHER
13. NAME: Leslie Halbrack
14. BIRTHPLACE (CITY OR TOWN) MO (STATE OR COUNTRY) .....

MOTHER
15. MAIDEN NAME: Carmen Bodowell
16. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Indiana

17. INFORMANT ..... (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hazelwood Cem DATE: 11-22 ....., 19 33

19. UNDERTAKER: Leslie Halbrack & Frank Pallowell (ADDRESS) Lunah Mo

20. FILED ..... 19 ..... O. H. Mfrudes M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-20 ....., 19 33

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19 .....
I last saw h..... alive on ....., 19 ..... 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
Premature Birth had not vitality enough from beginning	

Other contributory causes of importance:

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) O. H. Mfrudes, M. D.
(Address) .....

SUPPLEMENTARY

S-3614B