

MAY 25 1934

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

Do not use this space.

13722

1. PLACE OF DEATH

County Oregon
Township Haystack
City Haystack No. _____ St. _____ Ward _____

Registration District No. 632
Primary Registration District No. 4382

File No. _____
Registered No. 18

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-5-1933</u>		
7. AGE	YEARS	MONTHS
		<u>2</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
<u>Infant</u>		
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) <u>Haystack, Mo. Oregon Co.</u>		
13. NAME <u>Rose W. Mitchell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Haystack, Mo. Oregon Co.</u>		
15. MAIDEN NAME <u>Marguerite Bellis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kosciusko, Miss.</u>		
17. INFORMANT <u>Rose W. Mitchell</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Haystack Cem.</u> DATE <u>April 16</u> 19 <u>34</u>		
19. UNDERTAKER <u>None in charge</u> (ADDRESS)		
20. FILED <u>April 25</u> 19 <u>34</u> <u>George Johnson</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1934 to April 14 1934

I last saw her alive on April 1 1934. 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:

Infantile Atrophy Date of onset 2-1-34
cause unknown

1610

157

Other contributory causes of importance:
Umbilical Hemorrhage 2-8-34

1610

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) J. A. Damm M. D.
Haystack Mo
(Address) _____

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.

