

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

Do not use this space.

1. PLACE OF DEATH

County Wagon Wheel Registration District No. 605
Township Crossed Primary Registration District No. 58004
City (No. 4307) St. _____ Ward _____

File No. 25692
Registered No. _____

2. FULL NAME

Virginia Mardell Dewore
(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 3 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>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29, 1932</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>9</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from once on June 2, 1934, to _____, 19____
I last saw her alive on June 2, 1934 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:
Baby bed sores at the time above treated was seen only once by me.
1170
Other contributory causes of importance: MAW

Name of operation: _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. E. Joseph, M. D.
(Address) Walden, Ind.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

FATHER

13. NAME Andy Dewore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

MOTHER

15. MAIDEN NAME Myrtle A. Cross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Andy Dewore Tallapoosa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parma DATE 7-27, 1934

19. UNDERTAKER (ADDRESS) none

20. FILED 7/27, 1934 Dr. Geow Street
Registrar.

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 1 1934

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1932 9 - 29

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