

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

Do not use this space.

4068

MAR 4 1935

1. PLACE OF DEATH  
 County Stoddard Registration District No. 840  
 Township Buck Creek Primary Registration District No. 6102  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Yvonne Elledge  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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) Jan 15, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
			<u>12</u>	

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) Wappapella Mo

13. NAME B. M. Elledge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

15. MAIDEN NAME Wilma Reenert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dudley Mo

17. INFORMANT B. M. Elledge  
(ADDRESS) 103 Pines Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wammack Cem. DATE Jan 27, 35

19. UNDERTAKER Home Made  
(ADDRESS) \_\_\_\_\_

20. FILED 2/2 1935 Verne B. Hawks  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1935, to Jan 27, 1935  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Premature Birth Date of onset \_\_\_\_\_  
129  
 Other contributory causes of importance:  
Cold on Air

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. P. Johnson, M. D.  
 (Address) Pines 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.

