

AUG 14 1935

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

Do not use this space.

22601

1. PLACE OF DEATH

County DunklinRegistration District No. 282

File No.

Township

Primary Registration District No. 416.6Registered No. 32City Campbell (No.)

St. Ward)

2. FULL NAME

unnamed

(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

Fem.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S.

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

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

July 20 - 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

000

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)

Mo.

FATHER

13. NAME

Lynn S Twitty

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

Campbell Mo

MOTHER

15. MAIDEN NAME

Marian Jones

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

Campbell Mo

17. INFORMANT (ADDRESS)

M. M Jones

18. BURIAL, CREMATION, OR REMOVAL

PLACE WoodlawnDATE July 21 1935

19. UNDERTAKER (ADDRESS)

none

20. FILED

7/311935E. W. Anderson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 20 1935

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at P. M.

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

Premature Birth

Date of onset

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) John R. Dorton, M. D.(Address) Campbell 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.

