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.

FEB 18 1936

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

Do not use this space.

818

File No. .....

Registered No. 5

1. PLACE OF DEATH

County Dunklin — Registration District No. 289

Township Cotton Hill — Primary Registration District No. 5407

City ..... (No. ..... St. ..... Ward)

2. FULL NAME ~~Infant Boy Lafon-Woods~~

(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: 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. 19th 1936

7. AGE: Years 0 — Months 0. — Days 0 — If LESS than 1 day, 23 hrs. or 13 min.

OCCUPATION

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. Infant

10. Date deceased last worked at this occupation (month and year) Infant

11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): R.F.D. #1 Malden Mo

FATHER

13. NAME: John Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunklin Co Mo.

MOTHER

15. MAIDEN NAME: Louise Quinn

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

17. INFORMANT (ADDRESS): Elmer McCornell Malden Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Vincent Cem DATE 1/21/ 1936

19. UNDERTAKER (ADDRESS): None

20. FILED 1/21/ 1936 S.E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/ 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/19/ 1936 to 1/21/ 1936

I last saw he alive on 1/20/ 1936 Death is said to have occurred on the date stated above, at 2 a. m.

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

	Date of onset
Premature Birth	

Other contributory causes of importance

Name of operation None 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) S.E. Mitchell, M. D.

(Address) Malden Mo