

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.

MAR 20 1936

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

Do not use this space.

6483

1. PLACE OF DEATH

County Franklin
Township Webb City
City Webb City (No. 417)

Registration District No. 417
Primary Registration District No. 3021

File No. 30
Registered No. 30
St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 417 St. Mo. Ward 1
(Usual place of abode)

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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27, 1936</u>		
7. AGE	YEARS <u>X</u>	MONTHS <u>X</u>
	DAYS <u>X</u>	If LESS than 1 day, ... hrs. or ... min. <u>10</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stillborn</u>	11. Total time (years) spent in this occupation <u>0</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Premature birth</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb 27, 1936</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webb City, Missouri</u>
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FATHER	13. NAME <u>Hubert James</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Robinson</u>

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Hubert James, Webb City, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion Cem</u> DATE <u>Feb 28, 1936</u>

19. UNDERTAKER (ADDRESS) <u>Webb City Undertaking Co., Webb City, Mo.</u>
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20. FILED <u>2-28-36</u> <u>J. L. Craig</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1936
22. I HEREBY CERTIFY, that I attended deceased from Feb 27, 1936, to Feb 27, 1936
I last saw him/her alive on Feb 27, 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

Premature birth - in July
from a fall & deep before
birth

Other contributory causes of importance:

Name of operation 15 Date of 15
What test confirmed diagnosis? 15 Was there an autopsy? 15

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 15 Date of injury 15
Where did injury occur? 15 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 15
Nature of injury 15

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 15

(Signed) R. M. Stormont, M. D.
(Address) Webb City, Mo.

