

JUN 23 1936

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

Do not use this space.

16049

1. PLACE OF DEATH

County Miller
Township Saline
City Rocky Mt RFD (No. _____)

Registration District No. 561
Primary Registration District No. 57551

File No. _____
Registered No. 39 Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

unnamed infant of Curtis Jobe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 10

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) Rocky Mount Mo

13. NAME Curtis Jobe

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

15. MAIDEN NAME Opel Greenup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT (ADDRESS) Curtis Jobe Rocky Mt Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dooley Cem DATE 4-25-36

19. UNDERTAKER (ADDRESS) Disposed of by relatives

20. FILED 4-25-36 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-24 1936 to 4-24-36, 1936. I last saw her alive on Apr 24 1936. Death is said to have occurred on the date stated above, at 10:35 P.M.

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

Premature Birth
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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) E. Shelton M. D.
(Address) Eldon, 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.

