

OCT 3 1936

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

Do not use this space.

25-1879-1

1. PLACE OF DEATH

County Scott
Township Moley
City (No.), (No.)

Registration District No. 819
Primary Registration District No. 4491-6068

File No.
Registered No.
St. Ward

2. FULL NAME

(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 <u>Female</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>---</u> |
| 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>---</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/16/36</u> | | |
| 7. AGE YEARS <u>---</u> | MONTHS <u>---</u> | DAYS <u>---</u> |
| If LESS than 1 day, ... hrs. or ... min. | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>---</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u> | | |
| 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) <u>Moley Mo</u> | | |
| MOTHER | 13. NAME <u>Hyatt Harris</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Locust Ark</u> | |
| FATHER | 15. MAIDEN NAME <u>Irene Cantwell</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Magnolia Ark</u> | |
| 17. INFORMANT (ADDRESS) <u>Hyatt Harris Moley Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| PLACE | DATE | |
| 19. UNDERTAKER (ADDRESS) <u>none</u> | | |
| 20. FILED <u>8/17</u> 1936 <u>Amy L. Boyce</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17 1936

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw her alive on 6/16, 1936. Death is said to have occurred on the date stated above, at 12 m.

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

Premature Birth
151

Date of onset

Other contributory causes of importance:

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

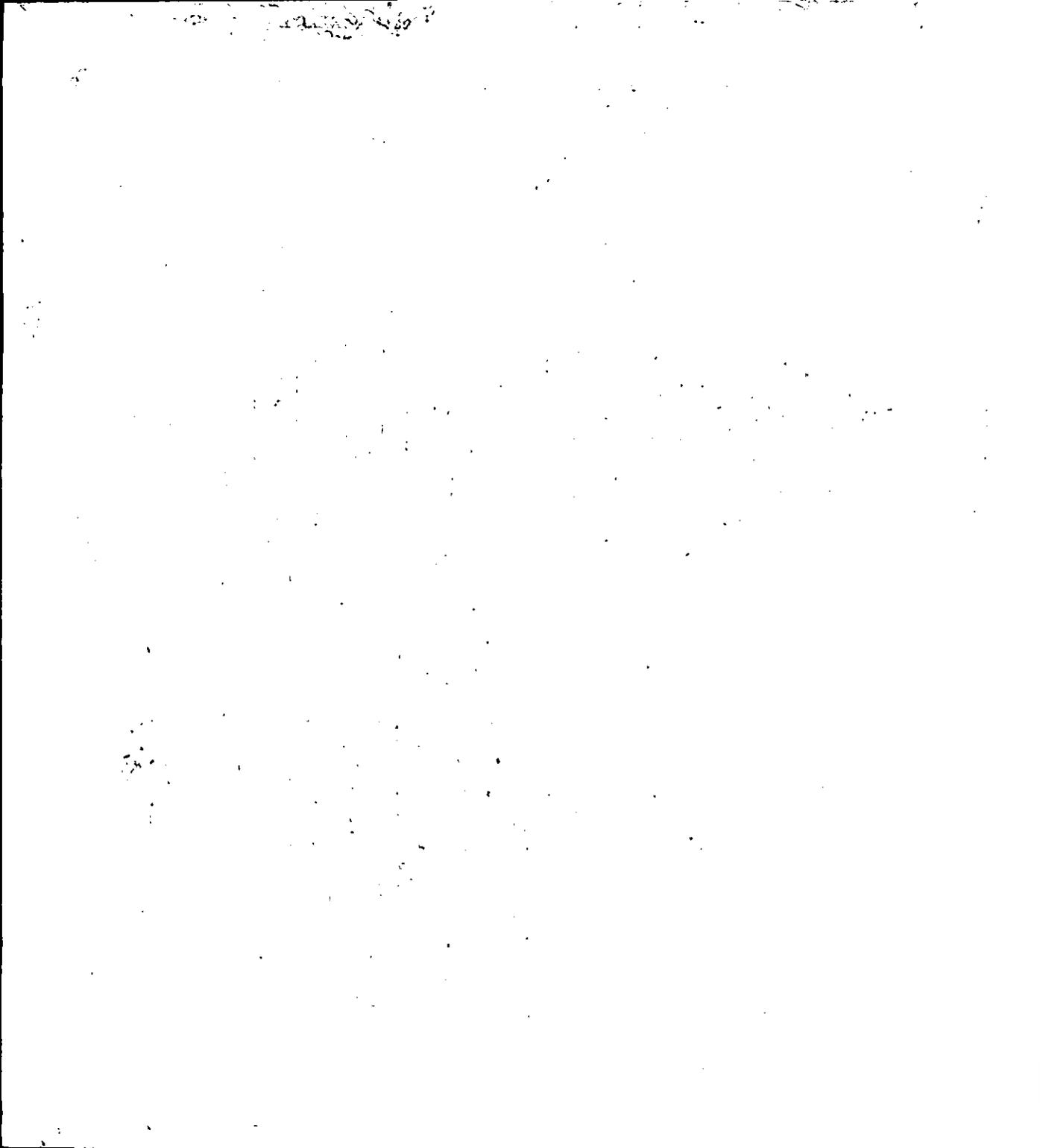
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. A. Cline M. D.
(Address) Oran 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.



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County Scott

Registration District No. 819

File No.

Township Morley

Primary Registration District No. 6068

Registered No.

City

(No.)

St. Ward)

2. FULL NAME

unnamed - Harris

(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

F

4. COLOR OR RACE

W

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)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Morley DATE 6-18 1936

19. UNDERTAKER (ADDRESS)

none

20. FILED

8/17 1936 Olney L. Bayce Registrar.

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Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Manner of injury.....

Nature of injury.....

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If so, specify.....

(Signed)....., M. D.

(Address).....

S-25187-1