

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 3 1936

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

Do not use this space.

38384

1. PLACE OF DEATH

County Muler

Registration District No. 561

Township Eddon

Primary Registration District No. 4330

City Eddon (No.)

St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward

(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

W

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

Single

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

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

Sept 15, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

6

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

Infant

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

Eddon Mo.

13. NAME

George Barker

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

Eddon Mo.

15. MAIDEN NAME

Virginia Wyrick

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

Missouri

17. INFORMANT (ADDRESS)

Geo. Barker Eddon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Eddon

DATE 10-22, 1936

19. UNDERTAKER (ADDRESS)

Phillips Funeral Home Eddon, Mo.

20. FILED 10-22, 1936

Belle Haynes

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1936, to 10-21, 1936

I last saw her alive on 10-21, 1936 Death is said

to have occurred on the date stated above, at 11 A.M.

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

Hemorrhage of new born from nose

Date of onset

10-19-36

Other contributory causes of importance:

Immature birth

Name of operation None Date of

What test confirmed diagnosis? clinical 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. C. Skelton, M. D.

(Address) Eddon Mo.

mother's name should be spelled Wyrick

CONFIDENTIAL

TOP SECRET

SECRET