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.

JAN 25 1937

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

Do not use this space.

38803 - 2

1. PLACE OF DEATH
County Ripley — Registration District No. 750 — File No. 14
Township Union — Primary Registration District No. 5997 — Registered No. 1414
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Infant
(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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23, 1936
7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or 10 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) Ripley Co. Mo

FATHER
13. NAME R. R. Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna, Illinois

MOTHER
15. MAIDEN NAME Hope Holland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Mo

17. INFORMANT (ADDRESS) R. R. Webb
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ponder Cem DATE Oct. 24 1936
19. UNDERTAKER (ADDRESS) Family
20. FILED Oct. 24 1936 E. B. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1936
22. I HEREBY CERTIFY, That I attended deceased from October 23, 1936 to October 23, 1936
I last saw her alive on October 23, 1936. Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature rupture of membranes	

Other contributory causes of importance:
Prolapsed of cord

Name of operation ..... 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) J. E. Williams, M. D.
(Address) Doniphan Mo