JAN 8 1937

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

Do not use this space.

43941

1. PLACE OF DEATH
County: Caldwell — Registration District No.: 93
Township: ~~Grant~~ — Primary Registration District No.: 4055
City: Braymer (No. ..., ... St. ... Ward)

File No.:
Registered No.: 21

2. FULL NAME: Infant Leighty

(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.C.
4. COLOR OR RACE: wh
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): 12-16-36

7. AGE: Years [redacted] | 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): Braymer, Mo

FATHER
13. NAME: Marvin Leighty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vista, Ark

MOTHER
15. MAIDEN NAME: Thelma Crisely
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Braymer, Mo

17. INFORMANT (ADDRESS): Marvin Leighty, Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Plymouth DATE: 12/16 1936

19. UNDERTAKER (ADDRESS): B. F. Mead, Braymer Mo

20. FILED: Dec 16 1936 H. H. Patterson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/16/1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1936, to Dec. 16, 1936
I last saw alive on Dec. 16, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Premature birth — 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): Geo. S. Donnell, M. D.
(Address): Braymer, 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.