

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

Do not use this space.

FEB 19 1936

1. PLACE OF DEATH

County Howell Registration District No. 385 File No. 47563
 Township Willow Spgs. Mo. Primary Registration District No. 5536 Registered No. _____
 City (Burnham, Mo.) No. _____ St. _____ Ward)

2. FULL NAME unnamed

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1936
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Burnham, Mo. (STATE OR COUNTRY)

13. NAME Roscoe Britt

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

15. MAIDEN NAME Maudie Maine

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

17. INFORMANT Roscoe Britt (ADDRESS) Burnham, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burnham, Mo. DATE Jan. 31, 1936

19. UNDERTAKER none (ADDRESS)

20. FILED Jan. 31, 1936 Jess Davies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1936 to Jan. 29, 1936
 last saw h. im. alive on Jan. 29, 1936. Death is said to have occurred on the date stated above, at 11:50 P.

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

Premature Birth 5 1/2 months Date of onset _____

Other contributory causes of importance:
Protracted Hemorrhage

Name of operation none Date of _____
 What test confirmed diagnosis Physical findings as there an autopsy? no

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? no

If so, specify _____ (Signed) J. B. Davies, M. D.

(Address) Willow Springs, 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.

