WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 21 1936

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

Do not use this space.

47713

1. PLACE OF DEATH
County Stoddard Registration District No. 838
Township Caston Tiberias Primary Registration District No. 6098 B
City Dexter R.I. (No. 1, ..... St. ..... Ward)

File No. 228
Registered No. .....

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 Male
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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26th 1936

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) Dexter R.I. Missouri

FATHER
13. NAME M. N. Arthur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo.

MOTHER
15. MAIDEN NAME Gillie Gooch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) M. N. Arthur Dexter R.I. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valley Cemetary DATE 1-27th 1936

19. UNDERTAKER (ADDRESS) None

20. FILED 2-10 1936 Alice L. Norman
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-26th, 1936, to 1-26th, 1936
I last saw him alive on 1-26th, 1936. Death is said to have occurred on the date stated above, at 7:10 a.m.
The principal cause of death and related causes of importance were as follows:

Still Birth

Date of onset

Other contributory causes of importance:
Due to Breach Presentation of Stangulation

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) S. S. Davis, M. D.
(Address) Dexter Mo.