JUN 27 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Stoddard
Township: Liberty
City: Bernie R. 2 (No. ..., St. ..., Ward)

Registration District No. 838
Primary Registration District No. 6098B

File No. 48399
Registered No.

2. FULL NAME: Unnamed Premature

(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: Wh
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): —

Wasemuba

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-20-36

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): Bernie R. 2. Missouri

FATHER
13. NAME: Troy Rice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Ruth Kayton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Troy Rice Bernie R. 2. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Troy Rice Farm DATE: 5-20th, 1936

19. UNDERTAKER (ADDRESS): None

20. FILED: 6-10, 1936 Alice L. Norman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-20th, 1936, to 5-20th, 1936
I last saw h. — alive on 5-20, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Accidental Abortion — Date of onset
Caused by fall
4 months of Gestation

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was 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) D. S. Davis, M. D.
(Address) Dexter Mo.

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.