

APR 28 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County StoddardRegistration District No. 838File No. 13848Township DexterPrimary Registration District No. 4509

Registered No. \_\_\_\_\_

City Dexter

(No. \_\_\_\_\_)

St. \_\_\_\_\_ (Ward \_\_\_\_\_)

## 2. FULL NAME

(a) Residence, No. Dexter

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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

female

4. COLOR OR RACE

white

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)

March 17, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 19 hrs. or \_\_\_\_\_ min.000

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

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 Missouri

13. NAME

Baker Haidtcoat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New Madrid Missouri

15. MAIDEN NAME

Hazel Moss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New Madrid Missouri

17. INFORMANT

Baker Haidtcoat

(ADDRESS)

Dexter Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE FarrenburgDATE March 18, 1937

19. UNDERTAKER

Green Funeral Service

(ADDRESS)

Poplar Bluff Mo.

20. FILED

4-19

19

1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 17, 1937, to March 17, 1937I last saw him alive on March 17, 1937 Death is saidto have occurred on the date stated above, at 7 P. m.

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

Prematurely born (6 1/2 months)

Date of onset

Other contributory causes of importance

159

Name of operation

none

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? No

If so, specify \_\_\_\_\_

(Signed) Frank L. Boone, M. D.(Address) Dexter Mo.

