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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH
County Lawrence — Registration District No. 304 — File No. 19982
Township — Primary Registration District No. 542 — Registered No. 36
City Marionville (No. 2 St. Ward)

2. FULL NAME Infant daughter of Henry E. & Velma Bird

(a) Residence, No. (Usual place of abode) St., Ward.
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Marionville (STATE OR COUNTRY) Missouri

FATHER
13. NAME Henry Bird
14. BIRTHPLACE (CITY OR TOWN) St. Clair Co. (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Velma Maloney
16. BIRTHPLACE (CITY OR TOWN) Morgan Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Henry Bird (ADDRESS) Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Syracuse, Mo DATE April 28, 1937

19. UNDERTAKER Jewell E. Richards (ADDRESS) Fulton, Mo.

20. FILED 7-6, 1937 H. L. Ricker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to April 27, 1937
I last saw h.er alive on April 27, 1937 Death is said to have occurred on the date stated above, at 3:0 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Sex undetermined	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) Jno Williamson, M. D.
(Address) Marionville 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.