JUN 22 1937

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

Do not use this space.

20212

**1. PLACE OF DEATH**

County Howell — Registration District No. 384 — File No.

Township — Primary Registration District No. 4227 — Registered No.

City West Plains (No. , St. 2 Ward)

**2. FULL NAME** Infant son of Mr & Mrs. Fred Denton /

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

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Infant. |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1937

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, 11 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) West Plains Mo

FATHER

13. NAME Fred Denton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peace Valley Mo.

MOTHER

15. MAIDEN NAME Virginia Rowe

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

17. INFORMANT (ADDRESS) Fred Denton West Plains

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oklahoma Cem DATE May 19 1937

19. UNDERTAKER (ADDRESS) McFARLAND UNDERTAKING CO. WEST PLAINS, MO.

20. FILED 3-19 1937 Vida W Simons Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937 to May 19, 1937
I last saw him alive on May 19, 1937 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth - | 5/19/37 |

Other contributory causes of importance:

159

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) [signature], M. D.
(Address) West Plains Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible]