JUN 22 1937

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

Do not use this space.

File No. 20213

Registered No.

1. PLACE OF DEATH
County: Howell
Registration District No.: 384
Township:
Primary Registration District No.: 4227
City: West Plains (No. , St. , Ward)

2. FULL NAME: Infant Daughter of Mr & Mrs Fred Denton

(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: Female
4. COLOR OR RACE: White
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): May 19 1937

7. AGE: Years | Months | Days: 3 | 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): 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 Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakland DATE: May 23, 1937

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

20. FILED: May 23, 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937, to May 22, 1937
I last saw h. alive on May 21, 1937. Death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	3/19/37

Other contributory causes of importance: 159

Name of operation: — Date of:
What test confirmed diagnosis? 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) [illegible], M. D.
(Address) West Plains Mo