JUL 28 1937

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

Do not use this space.

File No. 23632
Registered No. 32

1. PLACE OF DEATH
County: Dunklin
Township: Cotton Hill
City: (No. St. Ward)
Registration District No. 289
Primary Registration District No. 3407

2. FULL NAME Clara Bell ~~Rigg's~~ White
(a) Residence, No. Malden, Mo. 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: F
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): March 20th -37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	21	

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): Malden Mo.

FATHER
13. NAME: R. E. Rigg, Illegit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Malden Mo.

MOTHER
15. MAIDEN NAME: Clara Bell White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS): Mrs. White Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Malden DATE: June 10 1937

19. UNDERTAKER (ADDRESS): Landers Funeral Home Campbell Mo.

20. FILED: 6/9 1937 L. E. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June - 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 9th, 1937. I last saw her alive on June 9th, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	5/25/37

Other contributory causes of importance:

Bronchio Pneumonia	6/3/37

Name of operation: None 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) L. E. Mitchell, M. D.
(Address) Malden 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.