

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Reynolds
Township Jackson
City (No.)

Registration District No. 747
Primary Registration District No. 5981

File No. 24700

Registered No.
St. Ward)

2. FULL NAME

Child

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWER, OR DIVORCED Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 6/16 1937 to 6/20 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/16-37

I last saw h. in alive on 6/20 1937 Death is said to have occurred on the date stated above, at 12:00 PM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year) 6/16/37 11. Total time (years) spent in this occupation 4

General weakness due to premature birth
Date of onset

Other contributory causes of importance: 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Claude Dungan

Name of operation --- Date of ---

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

What test confirmed diagnosis? --- Was there an autopsy? No

15. MAIDEN NAME Mrs. Bedwell

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Claude Dungan

Manner of injury --- Nature of injury ---

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE 6/21 1937

24. Was disease or injury in any way related to occupation of deceased? If so, specify

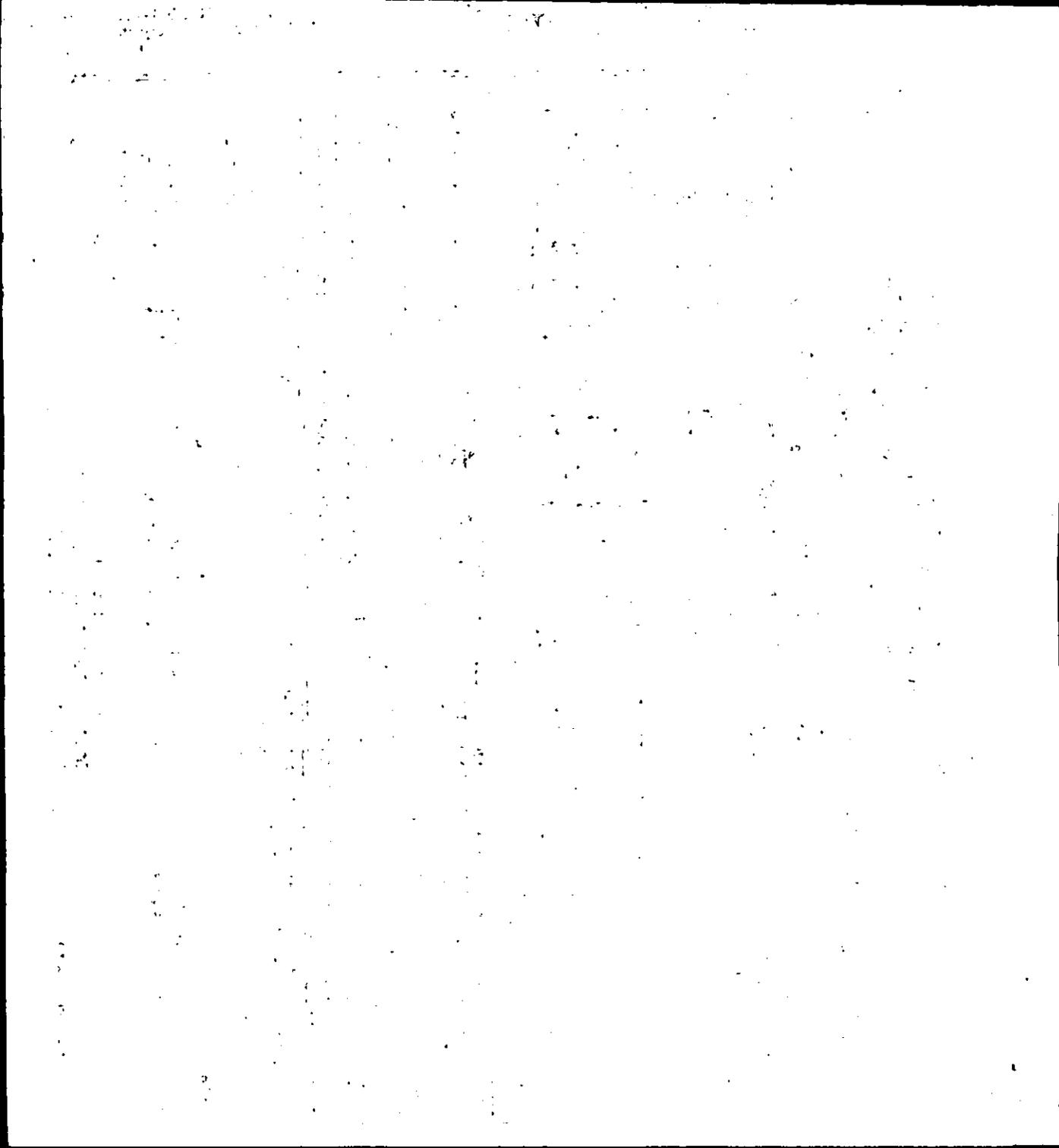
19. UNDERTAKER (ADDRESS) ---

(Signed) A. Shalle, M. D.

20. FILED 19..... Registrar.

(Address) Ellington Mo

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Reynolds
Township Jackson
City Child (No. St. Ward)

Registration District No. 747
Primary Registration District No. 5981

File No. 24700
Registered No.

2. FULL NAME Child

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
(If divorced, write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) mo

FATHER 13. NAME Claude Dunnigan

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

MOTHER 15. MAIDEN NAME Mora Bellwell

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

17. INFORMANT (ADDRESS) Claude Dunnigan Ellington

18. BURIAL, CREMATION, OR REMOVAL PLACE Salern DATE 6/31 1937

19. UNDERTAKER (ADDRESS)

20. FILED Sept 5 1937 Mrs Jas J. Pyrtle Dy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-16 to 6-20 1937

I last saw him alive on 6-20 1937. Death is said

to have occurred on the date stated above, at 12 P. m.

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

hepatic weakness due to premature birth

Date of onset

Other contributory causes of importance:

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) L. B. Ballat M. D.

(Address) Ellington

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

24700