AUG 31 1937

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

Do not use this space.

28499

File No.

Registered No.

1. PLACE OF DEATH

County: Scott

Township: Richland

City: (No. , St. Ward)

Registration District No.: 821

Primary Registration District No.: 6020

2. FULL NAME Amelia Hoskins

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1937

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or min.
none	none	none	

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): Scott Co., Mo.

FATHER

13. NAME: J. M. Hoskins

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

MOTHER

15. MAIDEN NAME: Dollie Norce

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

17. INFORMANT (ADDRESS): J. M. Hoskins, Salcedo, Mo.

18. BURIAL, ~~CREMATION, REMOVAL~~ PLACE: McMullin, Mo. DATE: July 31, 1937

19. UNDERTAKER (ADDRESS): H. J. Welsh, Sikeston, Mo.

20. FILED 8-5, 1937 Guy H. Presnell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937, to July 30, 1937. I last saw her alive on July 30, 1937. Death is said to have occurred on the date stated above, at 7:P m.

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

	Date of onset
Prematurity (6 1/2 mos)	
Cause unknown	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? None 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) Howard McKee, M. D.

(Address) Sikeston 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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