

SEP 17 1937

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

Do not use this space.

## 1. PLACE OF DEATH

35 County Dunklin  
Township Buffalo  
City (No. ....) St. .... Ward

Registration District No. 283  
Primary Registration District No. 5402

File No. 30582  
Registered No. ....

## 2. FULL NAME

Melba June Lancaster  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2nd 1937</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>0</u>	<u>0</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Infant</u>			
	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) <u>Dunklin Co. Mo.</u>				
FATHER	13. NAME <u>Everett Kendrick Lancaster</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arboret Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Una Reba Bishop</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin Co. Mo.</u>			
17. INFORMANT <u>Reba Lancaster Cardwell Mo</u> (ADDRESS) <u>Cardwell, Mo Route</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cockburn Cemetery</u> DATE <u>8-14</u> 19 <u>37</u>				
19. UNDERTAKER <u>Randall Mitchell</u> (ADDRESS) <u>Paragould Ark</u>				
20. FILED <u>9-8</u> 19 <u>37</u> <u>W. Newsome</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13<sup>th</sup> 1937  
22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1937, to Aug 12<sup>th</sup>, 1937  
I last saw her alive on Aug 12<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Premature Birth

Date of onset

Other contributory causes of importance:

Feterns Neonatorum

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

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) Wallace Selby, M. D.

(Address) Cardwell 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.

