OCT 15 1937

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

Do not use this space.

File No. 33587

Registered No. 60

1. PLACE OF DEATH

County Bates

Township

City Butler (No. Hospital St. Ward)

Registration District No. 50

Primary Registration District No. 3004

2. FULL NAME Thelma Lucille Center

(a) Residence, No. Pine St. Rich Hill Mo. 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF W. A. Center

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
32	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Butler, Mo.

FATHER

13. NAME Marion Jenkins

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

MOTHER

15. MAIDEN NAME Mary Isley

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

17. INFORMANT Miss Ruth Jenkins, K.C. Mo.
(ADDRESS) 300E. Armour Blvd., Park

18. BURIAL, CREMATION, OR REMOVAL PARK Central Hotel
PLACE Greenlawn DATE SEPT. 7, 1937

19. UNDERTAKER Booth
(ADDRESS) RICH HILL MO

20. FILED Sept 7, 1937 Nina Cullen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1937 to Sept. 4, 1937

I last saw her alive on Sept. 3, 1937 Death is said to have occurred on the date stated above, at 4:20AM.

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

	Date of onset
Septicemia (Streptococcic??) complicating Caesarian Section on Aug. 29, 1937. complicating	

Other contributory causes of importance: 1450

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) Robert H. Smith, M. D.

(Address) Rich Hill, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.