

OCT 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County NewtonRegistration District No. 609File No. 34875

Township

Primary Registration District No. 4363Registered No. 97

City

Neosho Mo. (No. Reynolds Hospital St. Ward)

2. FULL NAME

(a) Residence, No. B. B. N. Wood

(Usual place of abode)

St. Ward

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Infant

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

9-1-37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, * hrs. or min.

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)

Neosho, Missouri

13. NAME

Fay Lon Crossler

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

Gene, Oklahoma

15. MAIDEN NAME

Norma Daniels

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

Gene, Oklahoma

17. INFORMANT (ADDRESS)

Fay Lon Crossler, Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Neosho, Mo. DATE Sept. 1, 1937

19. UNDERTAKER (ADDRESS)

Corley Thompson, Neosho, Mo.

20. FILED

9-14, 1937, Orval Stale

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to

, 19

I last saw h. alive on, 19. Death is said

to have occurred on the date stated above, at 2:00 p.m.

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

Premature Birth (7 months gestation)

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)

(Address)

M. D.

