DEC 17 1937

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

Do not use this space.

41300

File No.
Registered No. 1109

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield (No. St. Johns Hospital St. Ward)

2. FULL NAME Dorothy Ann Etherington

(a) Residence, No. 516 Delmar St. St. Ward.
(Usual place of abode) Springfield, Missouri. (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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 37

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or min.
	0	0	0	

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) Springfield
(STATE OR COUNTRY) Missouri

FATHER

13. NAME William Etherington

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

MOTHER

15. MAIDEN NAME Dorothy Simmons

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

17. INFORMANT William Etherington
(ADDRESS) Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE Nov 23, 1937

19. UNDERTAKER H. H. Lohmeyer
(ADDRESS) Springfield, Missouri.

20. FILED Nov 23, 1937 Chas A George MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 a.m., 1937 to Nov 22 p.m., 1937
I last saw h. alive on Nov 22, 1937. Death is said to have occurred on the date stated above, at 2p m.
The principal cause of death and related causes of importance were as follows:

Prematurity 24th wk

Date of onset

Other contributory causes of importance:
Rupture of membranes 1 wk prior to birth

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) Joseph D. James, M. D.
(Address) Springfield 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.