

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Bremer Registration District No. 315
Township 2001 Primary Registration District No. 1
City Springfield No. Burge Hospital Burge Hospital St. 1117 (Ward)

2. FULL NAME

Infant daughter of Mr. & Mrs. Ellis Westmoreland

(a) Residence, No. Springfield Route No 1 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>Baby</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 26 1937</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
<input checked="" type="checkbox"/>	<u>0</u>	<u>0</u>	<u>0</u>	<u>10</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) Springfield, Mo.
(STATE OR COUNTRY)

13. NAME Ellis Westmoreland

14. BIRTHPLACE (CITY OR TOWN) Proctor, Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Corrine Tankersley

16. BIRTHPLACE (CITY OR TOWN) Joplin, Mo.
(STATE OR COUNTRY)

17. INFORMANT Ellis Westmoreland
(ADDRESS) Springfield Route 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graysburg DATE Nov. 26, 1937

19. UNDERTAKER W. C. Higgins
(ADDRESS) Springfield, Mo.

20. FILED Nov 26 1937 Chas. C. George Md
Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1937, to 3:20 11/26, 1937

I last saw h. alive on 11/26, 1937. Death is said

to have occurred on the date stated above, at 3 A. m.

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

Prematurity (6 1/2 months) Date of onset

Other contributory causes of importance:

Name of operation 159 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) R. M. White, M. D.

(Address) Springfield

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.

