DEC 20 1937

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

Do not use this space.

File No. 41432

Registered No. 10

1. PLACE OF DEATH
County: Howell
Township: Nisson
City: ~~Ozarks Mo Rt 2~~ (No. ..... St. ..... Ward)

Registration District No. 388
Primary Registration District No. 5342

2. FULL NAME: Unnamed.

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 1. 1937.

7. AGE: Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Tomona, Mo. Route #2.

FATHER
13. NAME: Irvin Roberds
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas County Missouri

MOTHER
15. MAIDEN NAME: Hellana Hay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howell Co. Mo

17. INFORMANT (ADDRESS): Irvin Roberds.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dripping Springs DATE: 12/1/ 1937

19. UNDERTAKER (ADDRESS): Thornburgh Funeral Home West Plains Mo

20. FILED: Dec 7. 1937 D. R. Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to Dec. 1, 1937,
I last saw h. ~~m~~ alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Been dead about
a week.

Date of onset

Other contributory causes of importance:

Name of operation ..... 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 ....., 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? No
If so, specify .....
(Signed) A. L. Thornburgh, M. D.
(Address) West Plains 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.