

DEC 29 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Stoddard Registration District No. 834
 Township Pike Primary Registration District No. 6097
 City (No. _____) St. _____ Ward _____
File No. 42631

Registered No. _____

2. FULL NAME Infant of Mr. And Mrs. Joe Allen(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

 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. Infant
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Stoddard County, Missouri
(STATE OR COUNTRY)13. NAME Joe Allen14. BIRTHPLACE (CITY OR TOWN) Stoddard County, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Mamie McDaniel16. BIRTHPLACE (CITY OR TOWN) Scott County Missouri
(STATE OR COUNTRY)17. INFORMANT Joe Allen
(ADDRESS) Bell City, Mo. R. 118. BURIAL, CREMATION, OR REMOVAL PLACE Bell City, Mo. DATE Nov. 23, 193719. UNDERTAKER H. J. Welsh
(ADDRESS) Sikeston, Mo.20. FILED 1-29 1938 D. S. Melcher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937 to _____, 19____I last saw him alive on Nov. 22, 1937, 19____. Death is said to have occurred on the date stated above, at 5 A. m.

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

*Cause unknown
Baby blue at birth
never recovered proper
color*

Date of onset _____

Other contributory causes of importance: 1570
H. pyloriosis
conclusion

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No23. 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: John A. Wilson M. D.(Signed) B. S. Lowmeyer, M. D.
(Address) _____

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42631
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 834
 (b) Township Pike Primary Registration District No. 6097 Registered No. 40
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant of Marnie Mae Joe Allen
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min. 6 0 0 2

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

9. Industry or business in which work was done, as 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) Stoddard Co Missouri

FATHER 13. NAME Joe Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co Missouri

MOTHER 15. MAIDEN NAME Marnie McDaniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co Missouri

17. INFORMANT (ADDRESS) Joe Allen Bell City Mo R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Bell City Mo DATE Nov 23 1937

19. FUNERAL DIRECTOR (ADDRESS) H. J. Welsh Sikeston Mo

20. FILED Jan 29 1938 D. S. Mc Kee Local 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 1937 to Nov 22 1937, 19... I last saw him alive on Nov 22 1937. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:
Cause Unknown Baby blue at birth never returned proper color

Date of onset

Other contributory causes of importance:
Hydranosis Condition

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 Johny Wilson, M. D.
 (Signed) Johny Wilson (Address) Bloomfield Mo

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

REGISTRARS SHALL NOT RECEIVE A CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

