

JAN 21 1938

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

Do not use this space.

46141

1. PLACE OF DEATH

County New Madrid
Township Anderson
City Gideon (No. _____) St. _____ Ward _____

Registration District No. 5-5-2
Primary Registration District No. 6262

File No. 10
Registered No. 1281

2. FULL NAME

Baby Roberto
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 11 hrs.

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

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) Gideon Mo

13. NAME A Roberto

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County Mo

15. MAIDEN NAME Chloe Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Ark.

17. INFORMANT A Roberto (ADDRESS) Gideon

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship Ark. DATE Oct 26 - 1937

19. UNDERTAKER None (ADDRESS)

20. FILED Jan 1 1938 M J Minnema Registrar. (Address) Gideon, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1937, to 10-24, 1937

I last saw her alive on 10-24, 1937 Death is said to have occurred on the date stated above, at 12:00 a.m.

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

Prematurity
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) Dominic Minnema M. D.

(Address) Gideon, 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.

