

JAN 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County **Newton**
Township
City **Neosho**

Registration District No. **609**
Primary Registration District No. **4363**
(No. **Sale-Bowman Hospital**)

File No. **46183**
Registered No. **141**
St. Ward

2. FULL NAME

Stillborn - Betty Rose Mitchell

(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 **Female** 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 **Stillborn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-29-37**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn

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) (STATE OR COUNTRY) **Neosho, Missouri**

13. NAME **Bert Mitchell**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Barry Co., Missouri**

15. MAIDEN NAME **Garatha Mae Grimes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Benton Co., Ark.**

17. INFORMANT (ADDRESS) **Bert Mitchell Fayetteville, Arkansas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Disposed of by** DATE **12-30-37**

19. UNDERTAKER (ADDRESS) **family**

20. FILED **12-30** 19**37** **Orval Adair** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-29-37** 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. **Stillborn** alive on 19. Death is said to have occurred on the date stated above, at **11 p.m.**

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

Stillborn Date of onset
Period of gestation 8 months

Other contributory causes of importance:
Toxemia of pregnancy
Dead probably two days before delivery

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) **C. E. Inness**, M. D.
(Address) **Neosho, Missouri**

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.

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