

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Warsaw
City Warsaw (No. _____)

Registration District No. 61
Primary Registration District No. 4036

File No. 1971
Registered No. 2

2. FULL NAME

(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.

OWN

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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) Jan 12 - 38

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

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) Warsaw Mo

13. NAME John R. Chaspin

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

15. MAIDEN NAME Faye E Long

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

17. INFORMANT J. McWhorter (ADDRESS) Warsaw Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw DATE Jan 13, 1938

19. UNDERTAKER E. M. White (ADDRESS) Warsaw Mo

20. FILED 1-13-38 19 38 Jas. A. Logan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 12, 1938, 19 _____

I last saw him _____ alive on _____, 19 _____ Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Breech presentation
was developed
foresee delivery
and prolonged
labor caused death

Other contributory causes of importance:

RECEIVED

Name of _____ Date of _____

What was the confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide FEB 21 1938 Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in home, or in public place.

**BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH**

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. McWhorter M. D.

(Address) Warsaw 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.

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