REC'D MAR 22 1938

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

Do not use this space.

File No. **7708**

1. PLACE OF DEATH
County _Pemiscot_ Registration District No. _65-3_ Registered No. _16_
Township _Braggadocio_ Primary Registration District No. _S871_
City _____ (No. _____ St. _____ Ward)

2. FULL NAME _Ruth Virginia Anglin_ 5.24

(a) Residence, No. _____ St., _____ Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _18_ 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) _Single_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Jan 11 1938_

7. AGE YEARS _____ MONTHS _____ DAYS _18_ 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) _Mo_

FATHER
13. NAME _Lum Anglin_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Mo_

MOTHER
15. MAIDEN NAME _Ida Lee Pitts_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Mo_

17. INFORMANT (ADDRESS) _Lum Anglin, Braggadocio, Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Portageville_ DATE _Feb-1-38_

19. UNDERTAKER (ADDRESS) _W W Payne, Portageville_

20. FILED _2-3_ 19_38_ _J W Rhodes_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Jan 31st_ 19_38_

22. I HEREBY CERTIFY, That I attended deceased from _Jan 28 1938_ to _Jan 30_ 19_38_

That I last saw her alive on _Jan 30th_ 19_38_ Death is said to have occurred on the date stated above, at _2.9_ m.

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

Premature infant

Date of onset _____

15 days

Other contributory causes of importance: _None_

Name of operation _None_ Date of _____
What test confirmed diagnosis? _None_ 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 _None_
Nature of injury _None_

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _L. D. Denton_ M.D.
(Address) _Braggadocio, Mo_

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