

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10880

1. PLACE OF DEATH

County HarrisonRegistration District No. 335Township BlytheedalePrimary Registration District No. 4198City Blytheedale(No. 500)

2. FULL NAME

(a) Residence, No. R.F.D. Blytheedale Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 18, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

###

OCCUPATION

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)

Blytheedale, Missouri

FATHER

13. NAME

Roy Bain

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

Cainsville, Missouri

MOTHER

15. MAIDEN NAME

Jessie Reynolds

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

Blytheedale, Missouri

17. INFORMANT (ADDRESS)

Roy Bain, Cainsville, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Hill Cemetery DATE March 18, 1938

19. UNDERTAKER (ADDRESS)

E. F. Stakaus, Cainsville, Mo.

20. FILED

4119 38H. J. Casper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 193822. I HEREBY CERTIFY, That I attended deceased from March 18, 1938, to March 18, 1938

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Stillbirth
Placenta Previa & Hemorrhage

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) William H. Halcant M. D.(Address) Cainsville, Missouri

303

