

REC'D APR 23 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Stoddard  
Township Liberty  
City (No. ....) St. .... Ward)

Registration District No. 838Primary Registration District No. 4509File No. 12296

Registered No. ....

## 2. FULL NAME

Linda Lou Gaines 59.0(a) Residence, No. .... St. .... 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 10, '387. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 0 15OCCUPATION  
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) Dexter, Mo.FATHER  
13. NAME Woodrow Gaines14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter, Mo.MOTHER  
15. MAIDEN NAME Helen Carney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter, Mo.17. INFORMANT Woodrow Gaines,  
(ADDRESS) Dexter, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hagy Cem. DATE 2/25/3819. UNDERTAKER Blankenship-Strickland  
(ADDRESS) Dexter, Mo.20. FILED 3/12 1938 Margaret Bony Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/38 193822. I HEREBY CERTIFY, That I attended deceased from 2/10 1938, to 4/25 1938I last saw her alive on 2/24 1938 Death is saidto have occurred on the date stated above, at 4 am

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

Date of onset

Premature Birth

Other contributory causes of importance:

Mother had  
Appendicitis caused  
Premature Birth.

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) Samuel S. Harris, M. D.(Address) Dexter Mo

WRITE PLAINLY, WITH UNFADING INK... THIS IS A PERMANENT RECORD

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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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