

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.

REC'D MAY 10 1938

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

Do not use this space.

16006

1. PLACE OF DEATH
 101 County Shannon Registration District No. 873
 2 Township _____ Primary Registration District No. 6024
 City Winnona (No. 4498) St. _____ Ward _____
 2. FULL NAME 145 not named (Steel Birth)
 (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 F 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) Apr 9 - 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>0</u>	<u>0</u>	

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) Winnona Mo

MOTHER

13. NAME Francis E. Copeland

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

15. MAIDEN NAME Ruth Meade

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

17. INFORMANT Francis E. Copeland
(ADDRESS) Winnona Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Winnona DATE Apr 10 - 1938

19. UNDERTAKER None
(ADDRESS) _____

20. FILED 4-24-1938 Mabel Beall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9 - 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 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:
Steel Born
about 7 months
deformed
abnormal head
 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) Mabel Beall M. D.
 (Address) Winnona Mo

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RECORDS

1950-1951

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99. [Illegible]

100. [Illegible]