

REC'D JUN 23 1938

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

Do not use this space.

19082

1. PLACE OF DEATH

County OzarkRegistration District No. 85-85858Township Big CreekPrimary Registration District No. 6226City Dugginsville (No. _____) St. _____ Ward _____

2. FULL NAME

Died not named

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27

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. _____

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. _____

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dugginsville Mo13. NAME Harvey Merriman 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 115. MAIDEN NAME Arcelia Rice 016. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Jennie Rice Dugginsville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dugginsville DATE May 28 193819. UNDERTAKER (ADDRESS) Wardens Turley Dugginsville20. FILED June 4 1938 Norma Quick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 193822. I HEREBY CERTIFY, That I attended deceased from lived 2 hours to _____, 19____I last saw h_____ alive on May 27, 1938. Death is saidto have occurred on the date stated above, at 8 A.M.

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

Premature

Date of onset

Other contributory causes of importance:

the mother got a fall

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 a fall(Signed) Dr. J. M. Callum, M. D.(Address) Prater Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

