

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

REC'D JUN 24 1938

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

Do not use this space.

19666

1. PLACE OF DEATH

County Scott
Township
City Chaffee Mo. (No. _____ St. _____ Ward _____)

Registration District No. 816
Primary Registration District No. 4492

File No. _____
Registered No. 10

2. FULL NAME Barbra Ann Yount

(a) Residence, No. 110 Gray St. 2 Ward.

Length of residence in city or town where death occurred Infant mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

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

22. I HEREBY CERTIFY, That I attended deceased from May 8 - _____, 1938, to May 9 _____, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-1938

I last saw her alive on May 8 - _____, 1938. Death is said to have occurred on the date stated above, at 12:25 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

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 _____

Premature birth
7th month
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Chaffee (STATE OR COUNTRY) Missouri

Other contributory causes of importance _____

13. NAME E. D. Yount

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Juanita Zimmerman

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) Caney Creek (STATE OR COUNTRY) Mo.

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT E. D. Yount (ADDRESS) Chaffee Missouri

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE U. P. Cemetery DATE May 9 1938

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Stubbs Funeral Home (ADDRESS) Chaffee Missouri

If so, specify _____ (Signed) Mabel M. DeLuzene M. D.

20. FILED 5/9 1938 W. O. Stone Registrar.

(Address) Chaffee Mo. 135

