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 JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County Phelps
Township St James
City ✓ (No. ..... St. ..... Ward)

Registration District No. 678
Primary Registration District No. 5904

File No. 22667
Registered No. .....

2. FULL NAME Infant of Mrs Foister & Marie Rimer 560
(a) Residence, No. St James Hospital 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) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1938

7. AGE Years ✓ Months ✓ Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. S
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo. 1

FATHER
13. NAME Foister S. Rimer 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eidson, Tenn.

MOTHER
15. MAIDEN NAME Marie Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Foister S. Rimer

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE 6-18-38 19..

19. UNDERTAKER (ADDRESS) Jones & Tennyson

20. FILED 6-25-1938 Elsie B. Houk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17 1938, to June 18, 1938
I last saw her alive on June 18, 1938 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Premature

Date of onset

Other contributory causes of importance: 5 4

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) E. A. Scott, M. D.
(Address) St James Hospital St James Mo