

WRITE PLAINLY, WITH OUTRADING INVESTING IS A PERMANENT RECORD

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 AUG 7 5 1938

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

Do not use this space.

25928

1. PLACE OF DEATH

County Mississippi
Township Jenningsville
City Charleston (No. 1)

Registration District No. 526
Primary Registration District No. 3030

File No. _____
Registered No. 84 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. alley St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Baby</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/5/38</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>15</u>
	DAYS <u>15</u> If LESS than 1 day, _____ hrs. _____ min	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY that I attended deceased from July 13, 1938, to July 16, 1938

I last saw her alive on July 16, 1938 Death is said to have occurred on the date stated above, at 7:00 a. m.

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

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. Baby

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation 0

Date of onset July 13 1938

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) Mo.

13. NAME A. J. Dixon

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

15. MAIDEN NAME Georgia The Bee

16. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY) Mo.

17. INFORMANT A. J. Dixon (ADDRESS) Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 7/20 1938

19. UNDERTAKER Private Family (ADDRESS) _____

20. FILED 7-20- 1938 J. A. Ingram Registrar.

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? No
If so, specify _____
(Signed) C. C. Pregall, M. D.
(Address) Charleston, Mo.

