

REC'D SEP 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Wells
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 136
Primary Registration District No. 5194

File No. 28571
Registered No. _____

2. FULL NAME

Pauline Childs No I (Triplets)

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14-38

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min. 3

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. Infant
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) Carroll County

13. NAME Homer Ray Childs

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

15. MAIDEN NAME Sessie Elizabeth Glasgow

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

17. INFORMANT (ADDRESS) Homer Childs

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried on farm DATE 7:00 PM Aug 14 1938

19. UNDERTAKER (ADDRESS) Sambly

20. FILED August 21, 1938 Alta Henderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1938, to Aug 14 1938

I last saw her alive on Aug 14 1938. Death is said to have occurred on the date stated above, at 8:40 P.M.

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

Premature birth due to fall
Date of onset _____
Other contributory causes of importance: None

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 _____ 1938

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) R Hamilton Stagen, M. D.

(Address) Carrollton, Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/27/38