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 OCT 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin
35 Township Holcomb
City Campbell R2 (No. ..... , ... St. ..... Ward)

Registration District No. 284
Primary Registration District No. 5404B,

File No. 32139
Registered No. .....

2. FULL NAME Unnamed 462
(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 F1
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 1938

7. AGE 0 YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ~~mo.~~ 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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Missouri 0

FATHER
13. NAME J. R. Clark 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Missouri 0

MOTHER
15. MAIDEN NAME Alta Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Missouri

17. INFORMANT (ADDRESS) J. R. Clark Campbell Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Canaan DATE Feb. 16 1938

19. UNDERTAKER (ADDRESS) Family

20. FILED Sept 10, 1938 J. A. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Birth.	

Other contributory causes of importance:
Premature 6½ months

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) George Gilmore DO, M. D.
(Address) Kennett MO