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 20 1938

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

32265
Do not use this space.

1. PLACE OF DEATH
(a) County GRUNDY — Registration District No. 328
(b) Township TRENTON — Primary Registration District No. 3017 — Registered No.
(c) City TRENTON — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME INFANT — NO NAME
(a) Residence, No. 1503 Mabel St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 15 1938
7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, 11 hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as 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) TRENTON MO

FATHER
13. NAME AULDIE S. WOODRUFF.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HUMSTON IA.

MOTHER
15. MAIDEN NAME SYRENA HILL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HAMBURG IA

17. INFORMANT (ADDRESS) H. S. WOODRUFF TRENTON MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE TRENTON, MO City Cem. DATE 9/16/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. D. Gibson Trenton Mo.
20. FILED 9-16, 1938 Irene D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1938, to Sept. 16, 1938
I last saw her alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

159

Other contributory causes of importance:

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) Wm A Fuson, M. D.
(Address) Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

C. M. Jones, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed C. M. Jones

Licensed Embalmer No. 3453

P. O. Address Richmond

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.