

NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Butter
Township Melyott
City (No.)

Registration District No. 88
Primary Registration District No. 5130

File No. 35241
Registered No. 42
St. Ward

2. FULL NAME

(a) Residence, No. 102 (Usual place of abode) St. Ward. (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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1938
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 0 0 30
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Butter CO Mo 0
13. NAME Wm O Duff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roubidoux Mo Ark. 1
15. MAIDEN NAME Edna Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merfords Ark. 1
17. INFORMANT (ADDRESS) Mrs Edna Duff James
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Supply Ark. Oct 25-1938
19. UNDERTAKER (ADDRESS) none affected
20. FILED 11-13 1938 B. Lauterfelt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1938, to Oct 24 1938.
I last saw him alive on never, 19 1938. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:
premature abuse of 6 mo. duration of pregnancy
Other contributory causes of importance: 10 9
Name of operation none Date of none
What test confirmed diagnosis? history Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19 1938
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) Franklin M. D.
Raymond (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

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