REC'D JAN 6 1939

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

Do not use this space.

43262

1. PLACE OF DEATH

County Howell 2 — Registration District No. 384 — File No.

Township ~~West Plains,~~ — Primary Registration District No. 4227. — Registered No.

City West Plains, Mo. (No. , St. Ward)

2. FULL NAME 600 Stillborn Infant.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 14, 1938.

7. AGE: 0 — YEARS: ~~1938.~~ — MONTHS: ~~Dec.~~ — DAYS: ~~14th.~~ — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None.

10. Date deceased last worked at this occupation (month and year): None.

11. Total time (years) spent in this occupation: None.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plains, Mo. 0

FATHER

13. NAME: John W. Currie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri. 0

MOTHER

15. MAIDEN NAME: Jessie Davidson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin, Ark. 1

17. INFORMANT (ADDRESS): John W. Currie.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sadie Brown Cemetary DATE: Dec. 14 38.

19. UNDERTAKER (ADDRESS): Willie Kennard.

20. FILED 12/16/38, 19 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10:50 A.M.

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

Congenital Lues. — Date of onset: Undetermined.

Other contributory causes of importance: None.

Name of operation: None. Date of: x

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

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) A. H. Thornburgh, M. D.

344 (Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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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