

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

Do not use this space.

JAN 11 1938

## 1. PLACE OF DEATH

County

Township

City

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

St.

Ward.

(If nonresident, give city or town and State)

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Infant</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Infant</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 24, 1938</i>		
7. AGE	YEARS	MONTHS
	<i>0</i>	<i>0</i>
		<i>0</i>
		<i>0</i>
		If LESS than 1 day, ... hrs. or ... min.
		<i>1</i>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Infant</i>
	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)	<i>Steele, Mo.</i>	
MOTHER	13. NAME	<i>R. H. Vied</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Missouri</i>
	15. MAIDEN NAME	<i>Mary Lee Alsop</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Tenn.</i>
17. INFORMANT (ADDRESS)	<i>Gladys Brown, Steele, Mo.</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<i>Mt Zion Cm.</i>	DATE <i>Aug 25, 1938</i>
19. UNDERTAKER (ADDRESS)	<i>Friends</i>	
20. FILED	<i>7/1</i>	<i>38 St. Albans</i>

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<i>Aug 24, 1938</i>
22. I HEREBY CERTIFY, That I attended deceased from	<i>Aug 24, 1938, to Aug 24, 1938</i>
I last saw her alive on	<i>Aug 28, 1938</i>
Death is said to have occurred on the date stated above, at	<i>11:00 a.m.</i>
The principal cause of death and related causes of importance were as follows: <i>Asphyxia Neonatorum</i>	
Other contributory causes of importance:	<i>154</i>
Name of operation	<i>Prematurity</i>
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
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?	<i>No.</i>
If so, specify	(Signed) <i>J. P. Vickrey</i> , M. D.
(Address)	<i>Steele, Mo.</i>

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

Act Health Officer No. 3,

38-16

File Number

12-16-38

Filed