

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.

FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County **Carter**

Township **Pike**

City

(No.

Registration District No. **146**

Primary Registration District No. **5209**

File No.

1922

Registered No.

St.

Ward)

2. FULL NAME **Premature**

(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

female

4. COLOR OR RACE

white

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

premature

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

infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 23 1939**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

infant

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)

Fremont

FATHER

13. NAME

Irby Alley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Shannon Co

MOTHER

15. MAIDEN NAME

Opal Dickerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas

17. INFORMANT (ADDRESS)

Irby Alley

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pleasant Site

DATE **Jan 24**

1939

19. UNDERTAKER (ADDRESS)

Mrs Lee Alley

Fremont Mo.

20. FILED

Feb. 4

1939

Jessie B. Schmitt

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 23 1939**

22. I HEREBY CERTIFY, That I attended deceased from

1-23, 19**39**, to **1-23**, 19**39**

I last saw **her** alive on **1-23**, 19**39**. Death is said

to have occurred on the date stated above, at **4 P.** m.

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

Premature birth

Date of onset

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?

If so, specify

(Signed)

Wm. H. Burton

M. D.

(Address)

Jan. 23, 1939

