

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

Do not use this space.

REC'D FEB 24 1939

**1. PLACE OF DEATH**

County Lawrence  
 Township Mt Vernon  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 470  
 Primary Registration District No. 5633

File No. 2872  
 Registered No. 11

**2. FULL NAME**

KATHARINE EVELIN MIESEWINNICK  
 (a) Residence, No. R.F.D. #3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19, 1939</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Infant.</u>
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) <u>Mt. Vernon, R#3, Mo.</u>		

**MEDICAL CERTIFICATE OF DEATH**

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

I HEREBY CERTIFY That I attended deceased from Jan 19, 1939 to Jan 23, 1939

Last saw her alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Premature birth (7 mo)

Other contributory causes of importance: 159

Name of operation none Date of \_\_\_\_\_  
 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 Don't belong in D!  
 (Signed) Mt. Vernon, Mo. M. D.  
 \_\_\_\_\_ (Address)

FATHER	13. NAME <u>VERNICE L. MIESEWINNICK</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co. Mo.</u>
MOTHER	15. MAIDEN NAME <u>BLANCHE JUNE DAWSON</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co. Mo.</u>
17. INFORMANT <u>Vernice Miesewinnick</u> (ADDRESS) <u>Mt. Vernon, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Vernon, Mo.</u> DATE <u>Jan 24, 1939</u>	
19. UNDERTAKER <u>Business by Family</u> (ADDRESS) <u>Mt. Vernon, Mo.</u>	
20. FILED <u>Jan 24, 1939</u> <u>D. A. Holmes</u> Registrar	

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

District Health Officer No. 6,

District File Number 6-39-292

Date Filed FEB 16 1939