

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

Do not use this space.

FEB 6 1937

1. PLACE OF DEATH

County New Madrid
Township West
City Morehouse, Mo.

Registration District No. 603
Primary Registration District No. 4357

File No. 3211

Registered No. 14
St. _____ Ward _____

2. FULL NAME

(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 M. 4. COLOR OF 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

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) Morehouse Mo.

MOTHER FATHER 13. NAME Clarence Adell Treece

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna, Ill.

15. MAIDEN NAME Esther L. Williams

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

17. INFORMANT (ADDRESS) O. A. Treece Morehouse Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McMullen Cemetery DATE Apr. 10 1937

19. UNDERTAKER (ADDRESS) Father of O. A. Treece Morehouse Mo.

20. FILED 4-11-37 1937 J. R. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/10/37 to 4/10/37

I last saw her at her home, Morehouse, Mo. Death is said to have occurred on the date stated above, at 1:03 P.M.
The principal cause of death and related causes of importance were as follows:

Stillborn (cause not known)
(Premature)
Date of onset _____

Other contributory causes of importance:

none

Name of operation _____ 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 _____ 1937

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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. G. Beauvais, M. D.
52 (Address) Morehouse, Mo.

