

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.

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

Do not use this space.

REC'D FEB 11 1939

3712

1. PLACE OF DEATH

County St. Francois Registration District No. 278
Township St. Francois Primary Registration District No. 4465
City Flat River (No. _____) St. _____ Ward _____

File No. _____
Registered No. 843

2. FULL NAME Mary Ann Negonia

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-11-39</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Born dead</u>		if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flat River Mo.</u>		
FATHER	13. NAME <u>Harold Negonia</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flat River Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ethel Bloom</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Farmington Mo.</u>	
17. INFORMANT <u>Harold Negonia</u> (ADDRESS) <u>Flat River Mo.</u>		
18. BURIAL (CREMATION, OR REMOVAL) <u>St. Francis</u> DATE <u>1-12-39</u>		
19. UNDERTAKER <u>Baldwell Bros.</u> (ADDRESS) <u>Flat River Mo.</u>		
20. FILED <u>2-3</u> 19 <u>39</u> <u>C. B. Starnes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1939 to 1/11 1939
I last saw h. born dead, 1939 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Dead in utero
Don't know cause
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? exam 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) C. B. Starnes, M. D.
1939 (Address) Flat River Mo.

