

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

Do not use this space.

5886

REC'D MAR 15 1939

1. PLACE OF DEATH

10 County Boone Registration District No. 71
 Township Cedar Primary Registration District No. 5110A
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME 530 Unnamed premature birth

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/10/1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Missouri

13. NAME Edward Bennett

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

15. MAIDEN NAME Rilla Davis

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

17. INFORMANT Edward Bennett
 (ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE New Liberty DATE 2/17/1939

19. UNDERTAKER Ashland Undt. Co.
 (ADDRESS) Ashland Missouri

20. FILED Mar 8 1939 Francis Nichols
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17/1939 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1939, to 2-17, 1939

I last saw him alive on 2-10, 1939 Death is said to have occurred on the date stated above, at 12:30 AM

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

Premature birth
 Other contributory causes of importance: 15h
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical here an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1939

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) H. B. Gifford, M. D.
73 (Address) Ashland Mo.

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.

