

MAR 16 1939

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

7632

91 1. PLACE OF DEATH
County Ripley 2 Registration District No. 751
Township Liberal Primary Registration District No. 5992
City Maylar (No. 657) (St. Stillbarn) 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 Small 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. about one day before birth

OCCUPATION
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) Maylar Mo

FATHER
13. NAME Hubert R Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ark.

MOTHER
15. MAIDEN NAME Valmadene Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ark.

17. INFORMANT Hubert Roy Brown
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19 _____

19. UNDERTAKER non affected
(ADDRESS) _____
20. FILED 7/2 1939 Stillbarn
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1939, to Feb 3 1939,
I last saw her alive on Feb 3 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Stillbarn ulcers
varicella was death about
one day before birth
cause not known
Date of onset _____
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? diuresis 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) Stillbarn M. D.
Maylar Mo
675 (Address)

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.

