

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

10696
Do not use this space.

REC'D APR 10 1939

1. PLACE OF DEATH 2

(a) County Dunklin Registration District No. 289

(b) Township 1 Primary Registration District No. H173 Registered No. 8

(c) City Malden (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bonnie Sue Arrington

(a) Residence, No. _____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day	hrs.	or	min.
	0	0	0	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as saw mill, bank, etc. Infant

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) Malden Mo.

FATHER

13. NAME Mr. Marshal Arrington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

MOTHER

15. MAIDEN NAME Bertha May Childers

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

17. INFORMANT (ADDRESS) Mrs Childers Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden DATE 3-24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Craig Malden Mo.

20. FILED 3-24 1939 S.E. Mitchell Local Registrar. 262

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1939

22. I HEREBY CERTIFY, That I attended deceased from March 23 1939, to March 24 1939

I last saw her alive on March 23 1939 Death is said to have occurred on the date stated above, at 3 P. M.

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

Premature Birth & m Date of onset

Other contributory causes of importance: 159

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Graydon Coulter, M. D. Malden Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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. 3

District File Number 39-231

Date Filed 4-6-59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.