

109
 JUN 24 1939

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

Do not use this space.

20064

1. PLACE OF DEATH

County Warren Registration District No. 882
 Township Victory Grove Primary Registration District No. 6174
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 11

2. FULL NAME

Still - Born - Infant Schrick

(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 F
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 - 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 0

12. BIRTHPLACE (CITY OR TOWN) Warren Co
 (STATE OR COUNTRY)

FATHER
 13. NAME Arthur G Schrick
 14. BIRTHPLACE (CITY OR TOWN) Warren Co
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Dorothy Mae Smith
 16. BIRTHPLACE (CITY OR TOWN) Warren Co.
 (STATE OR COUNTRY)

17. INFORMANT Arthur G Schrick
 (ADDRESS) W. Nat. City Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE W E Cemetery DATE 5/10 1939

19. UNDERTAKER Tieburg Und Co
 (ADDRESS) Wright City Mo

20. FILED 5/10 1939 J. H. Tieburg
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5/10 1939 to 5/10 1939
 I last saw her alive on 5/10 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

Other contributory causes of importance: 154

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 _____, 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? X0
 If so, specify _____
 (Signed) John P. Billoran M. D.
 (Address) High City, 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.

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

