

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 JUN 21 1939

## 1. PLACE OF DEATH

County Webster  
Township W. Dallas

Registration District No. 901  
Primary Registration District No. 6210

File No. 20085  
Registered No. 50  
St. \_\_\_\_\_ Ward \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_)

2. FULL NAME Baby Lois Yvonne Stinnett

(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) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or min. Nil

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fordland, Mo.13. NAME Transile S. Stinnett14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fordland Mo15. MAIDEN NAME Mary Opal Criger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fordland Mo.17. INFORMANT Genevieve Stinnett (ADDRESS) Fordland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Grove DATE 5-18-3919. UNDERTAKER None (ADDRESS) \_\_\_\_\_20. FILED. 5-17-39 Dr. Bassore Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

5-17-39, to 5-17-39, 1939.

I last saw h.a.f. alive on 5-17-39, 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Premature birth

Date of onset

Other contributory causes of importance:

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Howard T. Mason, D.M.D.819 (Address) Fordland, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 629-1319

Date Filed JUN 19 1930