

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

Do not use this space.

REC'D JUL 6 1939

1. PLACE OF DEATH

35 County Dunklin 2  
Township Buffalo 1  
City (No. ....) St. .... Ward .....

Registration District No. 283  
Primary Registration District No. 5402

File No. 22021  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

640 Infant Shirley

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED infant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 13-13-39  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
1 1/2

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) Cardwell 0  
(STATE OR COUNTRY) Mo

13. NAME Wm L. Shirley 0

14. BIRTHPLACE (CITY OR TOWN) Mo 0  
(STATE OR COUNTRY)

15. MAIDEN NAME Flora E. Lockard

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

17. INFORMANT Wm L. Shirley  
(ADDRESS) Cardwell

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Cardwell DATE 3/15 1939

19. UNDERTAKER Howard Und Co  
(ADDRESS) Cardwell

20. FILED 6-15 1939 Newsome  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15, 1939  
22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1939, to 3-15, 1939.  
I last saw him alive on 3-14, 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Failure of Foetal Circulation  
Other contributory causes of importance: 159  
Date of onset

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? .....  
If so, specify .....  
(Signed) LeRoy French M. D.  
Cardwell  
257 (Address)

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.

District File Number 639-278

Date Filed 6/24/39