

1939 AUG 14

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

25452
Do not use this space.

1. PLACE OF DEATH

(a) County **COOPER** Registration District No. **218**
(b) Township Primary Registration District No. **3015**
(c) City **BOONVILLE** (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 **INFANT BETTY JANE ROBB**

(a) Residence, No. **306 SPRING ST.** St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF INFANT		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 9 - 1939		
7. AGE	YEARS	MONTHS
	0	0
		DAYS
		0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOONVILLE MISSOURI		
FATHER	13. NAME WILLIE LEE ROBB	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI	
MOTHER	15. MAIDEN NAME DORIS DODSON	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOWARD COUNTY MISSOURI	
17. INFORMANT WILLIE LEE ROBB (ADDRESS) BOONVILLE, MO.		
18. BURIAL, CREMATION, OR REMOVAL PLACE SLATER, MO. DATE JULY 10 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) STEGNER & KOENIG BOONVILLE, MO.		
20. FILED 7-10 1939 <i>W. Cooper</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9 1939**

22. I HEREBY CERTIFY, That I attended deceased from **July 9 1939** to **July 9 1939**
I last saw her alive on **July 9 1939** Death is said to have occurred on the date stated above, at **5:40 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:
Subaling accuotic fluid in lungs at birth

Name of operation **none** Date of _____
What test confirmed diagnosis? _____ 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) **M. S. McQuinn**, M. D.
197 (Address) **Boonville, 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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6/28/39

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.