

REC'D AUG 11 1939

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

Do not use this space.

26172

1. PLACE OF DEATH

County McDonald Registration District No. 963
Township Elk River Primary Registration District No. 3692
City Moel (No.) St. Ward

File No. 193
Registered No. 67

2. FULL NAME

(a) Residence, No. Moel Mo 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1939

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

22. I HEREBY CERTIFY That I attended deceased from , 19 , to , 19 .

I last saw h. alive on never, 19 . Death is said to have occurred on the date stated above, at m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1939

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

Date of onset

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

Stillborn

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Moel Mo (STATE OR COUNTRY) McDonald Co

13. NAME Elmer Loveless

14. BIRTHPLACE (CITY OR TOWN) Commerce (STATE OR COUNTRY) Okla

15. MAIDEN NAME Ruby Lee Beach

16. BIRTHPLACE (CITY OR TOWN) Stillwell (STATE OR COUNTRY) Okla

Name of operation Date of

What test confirmed diagnosis? death 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.

17. INFORMANT Father (ADDRESS) Moel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moel Mo DATE July 23, 1939

Manner of injury Stillborn

Nature of injury

19. UNDERTAKER None (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

20. FILED 7-31- 1939 J. C. Alexander Registrar

(Signed) J. C. Alexander, M. D. (Address) Moel Mo

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. 6;

District File Number 839-1519

Date Filed AUG 8 1939