

REC'D SEP 12 1939

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

29130
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 612
 (c) or City SPRINGFIELD (d) Street No. Springfield Baptist Hospital 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. 1 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 620 Mary Louise Morris
P.O. # 10 St. Sta. Terminal 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1939, to Aug 5, 1939
 that saw her alive on Aug 4, 1939 Death is said to have occurred on the date stated above, at 2:20 am.

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

The principal cause of death and related causes of importance were as follows:
atelectasis
154
 Date of onset June 22-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ 0 1 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Premature Birth
7 1/2 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo

FATHER 13. NAME John Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Mo

MOTHER 15. MAIDEN NAME Delores ~~Miller~~ ^{Armentrout}

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

17. INFORMANT (ADDRESS) Mr John Morris
T. R. # 10

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Aug 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Threeme
Springfield, Mo

20. FILED Aug 5, 1939 Chas. A. George Registrar

Name of operation 7 1/2 mo Date of June 22-39
 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 June 22, 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? W
 If so, specify W
 (Signed) W. T. Walsh, M. D.
 (Address) Springfield, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

X