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

Do not use this space.

REC'D SEP 19 1939

File No. 29874

Registered No. 76

1. PLACE OF DEATH
County: Pemiscot
Township: Braggadocio
City: (No. , St. Ward)
Registration District No. 653
Primary Registration District No. 5871

2. FULL NAME: Stillborn baby of Elmer Lee
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-1-1939
7. AGE: Years ✓ Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION
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): Braggadocio Tow. Mo.

FATHER
13. NAME: Elmer Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Hoxland Mo.

MOTHER
15. MAIDEN NAME: Wilma Allison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Senath, Mo.

17. INFORMANT (ADDRESS): Elmer Lee Braggadocio, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Culp DATE: 9-1 1939
19. UNDERTAKER (ADDRESS): Ray Und. Co. Hayti Mo.
20. FILED 9-1 1939 Pearl Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 1st 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 31st 1939 to Sept 1st 1939
I last saw h alive on Sept 1st 1939. 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:

	Date of onset
Stillborn infant	

Other contributory causes of importance: None

Name of operation: 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) L D Denton, M. D.
(Address) Braggadocio, Mo.

RECEIVED
District Health Officer No. 3
District File Number 939-5
Date Filed 9/12/39