

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

Do not use this space.

37439

1. PLACE OF DEATH

County *Texas*

Township *Jackson*

City *30*

Registration District No. *1171*

Primary Registration District No. *6185*

File No.

Registered No.

St. *1*

Ward)

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

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

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

Oct 4 - 39

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. 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)

Raymondville Mo

13. NAME

Owille Derwit

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

Texas Co Mo

15. MAIDEN NAME

Ruby Brine

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

Texas Co Mo

17. INFORMANT (ADDRESS)

Mary E. Brine Raymondville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Friendship* DATE *Oct 6* 19*39*

19. UNDERTAKER (ADDRESS)

Neighbors Raymondville Mo

20. FILED

Oct 6 19*39* *Mrs Sara Green*

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 5 19*39*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on 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:

Premature Birth

Date of onset

Other contributory causes of importance:

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)

(Address)

M. D.

RECEIVED

District Health Officer No. 5,

District File Number 113941

Date Filed 11/10/39