

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

FILED FEB 10 1940

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township _____ Primary Registration District No. 2001
 City Hicksville (No. W. S. O. Hospital)

File No. 1504
 Registered No. 19 Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Shelbina, Mo.
 (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 <u>Fe</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4, 1939</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>0</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1940, to Jan 27 1940
 I last saw h. or alive on Jan 27 1940 Death is said to have occurred on the date stated above, at 7:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Pneumococcus meningitis Date of onset _____
ggb
 Other contributory causes of importance: Otitis media

Name of operation Tympanotomy Date of 1-25-40
 What test confirmed diagnosis Lab. 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? 3
 If so, specify _____
 (Signed) Wm H. Brewer M. D. O.
 (Address) Hicksville, Mo.

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbina, Mo.</u>
	13. NAME <u>George F. Coates</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby co. Mo.</u>
	15. MAIDEN NAME <u>Loretta Kendrick</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby co. Mo.</u>
17. INFORMANT <u>Mrs. Peggy Coates</u> (ADDRESS) <u>Shelbina, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelbina, Mo.</u> DATE <u>1</u> 19 <u>40</u>	
19. UNDERTAKER <u>Milligan & Barklew</u> (ADDRESS) <u>Shelbina, Mo.</u>	
20. FILED <u>1-27</u> 19 <u>40</u> <u>Spencer J. Freeman</u> Registrar.	

RECEIVED

District Health Officer No. 10

District File Number 2-40-230

Date Filed FEB 13 1940