

Do not use this space.

12634

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

1. PLACE OF DEATH

County StoddardRegistration District No. 839Township 1stPrimary Registration District No. 6098BCity Dexter Mo. R3

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 432 Vernon Glen Fields 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. 17 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</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>Mar 20 1944</u>		
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.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter R3 Mo13. NAME Hollan Fields14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hollan Mo15. MAIDEN NAME Ola Mae James16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hornbush Mo17. INFORMANT (ADDRESS) Hollan Fields
Dexter Mo R318. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethel DATE 3-24-4019. UNDERTAKER (ADDRESS) Warkins
Dexter Mo20. FILED 4/5 1940 Jennie Burton Registrar. 755 (Address) Dexter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-40 194022. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1940 to Mar 23, 1940I last saw him alive on Mar 20, 1940 Death is saidto have occurred on the date stated above, at 3P m.

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

Date of onset

Unknown, baby never breathed right from birth.

Other contributory causes of importance:

unable to nurse or swallow

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) J. Cannon755 (Address) Dexter

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.

RECEIVED

District Health Officer No. 2,

District File Number 440-91

Date Filed 4/9/40