FILED NOV 21 1941

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

Do not use this space.

35131

File No.

Registered No.

1. PLACE OF DEATH

County: Howell

Township: West Plains, Twp.

City: West Plains. (No. , St. Ward)

Registration District No.: 384

Primary Registration District No.: 4227

2. FULL NAME: Marie Oaks

(a) Residence, No. (Usual place of abode): West Plains St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 48 mos. Minutes How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female 3

4. COLOR OR RACE: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 22, 1941

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or 48 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): West Plains, Missouri

FATHER

13. NAME: Crockett Oaks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Imboden Ark.

MOTHER

15. MAIDEN NAME: Willie Rainey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Driftwood, Ark.

17. INFORMANT (ADDRESS): Mr. & Mrs. Oaks West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Santty Brown cemetery DATE: 9/23, 1941

19. UNDERTAKER (ADDRESS): Harvey Robo - West Plains Mo

20. FILED: 9-23-, 1941 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 22. 1941

22. I HEREBY CERTIFY, That I attended deceased from 10:15 P.M. 9/22/, 1941, to 11:00 PmM. 9/22/, 19.

I last saw her alive on 9/22/41, 19. Death is said to have occurred on the date stated above, at 11:00pm.

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

Premature labor at 6 months — Date of onset

Other contributory causes of importance: 159

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) A. L. Donaughy, M. D.

(Address) West Plains, Mo.

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.

THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 5,
District File Number 1141 2054
Date Filed