

FILLED NOV 21 1941

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

Do not use this space.

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1. PLACE OF DEATH

County Howell Registration District No. 384
Township West Plains Twp. Primary Registration District No. 4227
City West Plains (No. _____) St. _____ Ward _____

2. FULL NAME

Rose Oaks

(a) Residence, No. West Plains St. _____ Ward. 0
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 17 mos. hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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. 23, 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or 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) West Plains (STATE OR COUNTRY) Missouri

FATHER 13. NAME Crockett Oaks

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

MOTHER 15. MAIDEN NAME Willie Rainey

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Santty Brown Cemetery 9/23 1941

19. UNDERTAKER Harvey P. Baker (ADDRESS) 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. 23 1941

22. I HEREBY CERTIFY, That I attended deceased from 10:00 P.M. 9/22/41 to 3:00 P.M. 9/23/41

I last saw her alive on 9/22/41 1941 Death is said

to have occurred on the date stated above, at 3 P. m.

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:

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) Arthur H. O. 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. 0,

District File Number. 11412055

Date Filed _____