

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

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

Do not use this space.

JUN 11 1943

18354

1. PLACE OF DEATH

County Maries Registration District No. 207
Township Jefferson Primary Registration District No. 5756
City rural (No. St. Ward)

File No.
Registered No. 96

2. FULL NAME Baby Bararbrick

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

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14, 1943</u>			
7. AGE	YEARS	MONTHS	DAYS
			If LESS than 1 day <u>15</u> hrs. or <u>15</u> 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) <u>Maries County, Mo.</u>			
FATHER	13. NAME <u>Could not secure, child born out of wedlock</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME <u>Ruby Bararbrick</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mrs. Floyd Bararbrick</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cambell Cemetery</u> DATE <u>4/15/43</u>			
19. UNDERTAKER <u>Sassmann's</u> (ADDRESS) <u>Belle, Mo.</u>			
20. FILED <u>5/18/43</u> <u>Berna Bassett</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14, 1943

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1943, to 5/14, 1943
Baby died 15 min after birth Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

Breech delivery unattended

Other contributory causes of importance: 1606

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) R. N. Schenck M.D.
(Address) Belle, 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.

FORM 1 X724

