R. 24 1929

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

Do not use this space.

10179

1. PLACE OF DEATH

County Dunklin — Registration District No. 287 — File No.

Township Cotton Hill — Primary Registration District No. 5407 — Registered No. 19

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mildred Allene Dollins

(a) Residence. No. ..... 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 1, 1929

7. AGE: Years 0 — Months 1 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): Infant
(c) Name of employer: Infant

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoke Missouri

PARENTS
10. NAME OF FATHER: Earl Dollins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Malden Mo
12. MAIDEN NAME OF MOTHER: Clovia Kitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dunklin County

14. INFORMANT: [illegible]
(Address) Malden, Mo.

15. FILED 3-1[illegible], 1929 S. E. Mitchell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/13, 1929, to 3/14, 1929 that I last saw her alive on 3/13, 1929, and that death occurred, on the date stated above, at 640 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
11 A
107 H
..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia
..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) S. E. Mitchell, M. D
3/15, 1929 (Address) Malden Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: [illegible] — DATE OF BURIAL: [illegible] 19[illegible]

20. UNDERTAKER: [illegible] — ADDRESS: [illegible]

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.