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

Do not use this space.

23337

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township Joachim — Primary Registration District No. 5575 — Registered No. 73
City Crystal City Missouri (No. ..... St. ..... Ward)

2. FULL NAME Virginia Lee Whitehead
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	0	10	

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) ****
(c) Name of employer ****

9. BIRTHPLACE (CITY OR TOWN) Crystal City Mo.
(STATE OR COUNTRY) Jefferson

PARENTS
10. NAME OF FATHER Charles Whitehead
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ironton
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER B. Derrouse
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Crystal City
(STATE OR COUNTRY) Missouri

14. INFORMANT Charles White Lee
(Address) Ironton Mo.

15. FILED 7/30 1930 J E Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to July 29, 1930, that I last saw her alive on July 28, 1930, and that death occurred, on the date stated above, at 12:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) [signature]
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH .....
9 DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J Donnell M. D.
, 19 (Address) Crystal City 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	DATE OF BURIAL
Festus Mo	July 29 1930

20. UNDERTAKER	ADDRESS
Duester & Vinyard	Festus 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.