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

Do not use this space.

20629

1. PLACE OF DEATH 94 County St Francois Registration District No. 775 File No.
Township Perry Primary Registration District No. 6020 Registered No. 52
City Bonne Terre, Mo. (No. Bonne Terre Hospital St. Ward)

2. FULL NAME Virgie Clinton
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 1st 1902

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29	6	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Doe Run, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jules Bartley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Doe Run Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Pritchett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Doe Run
(STATE OR COUNTRY) Missouri

14. INFORMANT Fred Clinton
(Address) Iron Mountain Mo

15. FILED 6/29 1932 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30-1932

17. I HEREBY CERTIFY, That I attended deceased from 6-30-, 1932, to 6-30-, 1932 that I last saw her alive on 6-30-, 1932 and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage preceding
Childbirth
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Placenta Praevia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) H M Roebber, M. D
6-30-, 1932 (Address) Bonne Terre, 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 Doe Run Cem. DATE OF BURIAL 6/30 1932

20. UNDERTAKER N. R. White & Son ADDRESS Ironton Mo

JUL 27 1932