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

Do not use this space.

File No. 27219

Registered No. 85

1. PLACE OF DEATH
County: Pemiscot
Township: Little Prairie
City ..... (No. ..... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 5862

2. FULL NAME ~~Unnamed~~ Virginia Rickett

(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: Girl
4. COLOR OR RACE: White
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) Aug. 26, 1933

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 5 hrs. or ..... 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) Caruthersville, Missouri

FATHER

13. NAME Herman Rickett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER

15. MAIDEN NAME Ina Castele
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blytheville Ark

17. INFORMANT (ADDRESS) Herman Rickett Caruthersville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Family Grounds DATE Aug. 27, 1933

19. UNDERTAKER (ADDRESS) Frgeinds Caruthersville, Mo.

20. FILED Aug. 30, 1933 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1933, to Aug. 26, 1933
I last saw her alive on Aug. 26, 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
1 day	

Other contributory causes of importance: 1 day

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) G. W. Phipps, M. D.
(Address) Caruthersville, 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.

SEP 26 1933