

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

Do not use this space.

37663

1. PLACE OF DEATH

County St. Francois Registration District No. 773
 Township Farminington Primary Registration District No. 4464
 City Farminington (No.) St. Ward

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1933</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	If LESS than 1 day, <u>3</u> hrs. or <u> </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation <u>1 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>child</u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co. Mo</u>		
FATHER	13. NAME <u>Raymond Gordon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Mo</u>	
	15. MAIDEN NAME <u>Martha Herbert</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co. Mo</u>	
	17. INFORMANT <u>Raymond Gordon</u> (ADDRESS) <u>St. Francois Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Nov 3rd 1933</u>		
19. UNDERTAKER <u>Efficient and Co</u> (ADDRESS) <u>Farminington Mo</u>		
20. FILED <u>Nov 3, 1933</u> <u>W. B. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933 to Nov 2, 1933

I last saw her alive on Nov 2, 1933. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

Premature Birth
7 1/2 Mo gestation
Long cut outdoors on rough
road probably brought on
 Other contributory causes of importance: Lungs

Date of onset

Name of operation Chloroform 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) W. B. Robinson M. D.
 (Address) Farminington Mo

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

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.

JAN 4 1934
 5
 9

