

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Roscoe
City (No. _____) _____

Registration District No. 266
Primary Registration District No. 6011

File No. 10183

Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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.
Monegan Springs Mo.
(If nonresident, give city or town and State)

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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1928</u>		
7. AGE	YEARS <u>5</u>	MONTHS <u>8</u>
		DAYS <u>11</u>
	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>Maysburg Mo.</u>		
FATHER	13. NAME <u>C. E. McEntire</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Roscoe Mo. R. 78</u>	
MOTHER	15. MAIDEN NAME <u>Miss DeWitt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monegan Springs Mo.</u>	
17. INFORMANT <u>C. E. McEntire</u> (ADDRESS) <u>Monegan Springs Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monegan Springs</u> DATE <u>Mar. 28 1934</u>		
19. UNDERTAKER <u>D. B. Goodrich</u> (ADDRESS) <u>Roscoe, Mo.</u>		
20. FILED <u>3 - 27 1934</u> <u>Mrs. G. B. Goodrich</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1934, to 3-26, 1934
I last saw her alive on 3-26, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Child was dying when I arrived only lived a few minutes. Cause unknown
Date of onset _____

Other contributory causes of importance Suspected acute Septic sore throat 115A

Name of operation None Date of _____
What test confirmed diagnosis? Unknown Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify no
(Signed) G. W. H. Gardner, M. D.
(Address) Jefferson Mo.

