

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

10100
 Do not use this space.

REC'D APR 9 1938

1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 60
 (c) City Columbia (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nina Marie Rothwell 340
 (a) Residence, No. 409 Melbourne St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 9 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Baby
 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) Boone Co Mo

FATHER
 13. NAME Alexander B Rothwell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

MOTHER
 15. MAIDEN NAME Lavena Wescott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheridan Co Mo

17. INFORMANT A. B. Rothwell
 (ADDRESS) 409 Melbourne St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE Mar 13 1938

19. FUNERAL DIRECTOR R. W. Wietz
 (ADDRESS) _____

20. FILED 3/12/38 Allie Selby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-12-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1937, to Jan. or Feb. 1938
 I last saw him alive on Jan. or Feb. 1938 Death is said to have occurred on the date stated above, at 10 A m.
 The principal cause of death and related causes of importance were as follows:
This baby first had measles then Pertussis, Chik ex Rox, then Pertussis a gain. After that they had a Chik ex. After that they had a Chik ex. After that they had a Chik ex.
 Other contributory causes of importance:
the baby probably had Pneumonia. The chik ex. in Boone will
 Name of operation None Date of _____
 What test confirmed diagnosis? None 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 None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. P. Dymont, M. D.
 (Address) Columbia 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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. No Embalming
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Lynard H. Spurd
Licensed Embalmer No. 4013

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)