

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County JeffersonRegistration District No. 421

Township

Primary Registration District No. 33-750City Crystal City

(No.)

File No. 18586Registered No. 56

St.

Ward)

2. FULL NAME Dorethy Mae Derousse

(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

F

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Infant

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

No

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

May 31, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than day 6 hrs. or 40 min.

0

0

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Crystal City

(STATE OR COUNTRY)

Missouri

PARENTS

10. NAME OF FATHER

Lester Joseph Derousse

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Crystal City Mo.

12. MAIDEN NAME OF MOTHER

Mildred Moser

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bloomsdale Missouri

14.

INFORMANT

Lester J. Moser Derousse

(Address)

Crystal City Mo.

15.

FILED

6/1, 1938

J. E. Rutledge, M.D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 31 1938

17.

I HEREBY CERTIFY, That I attended deceased from May 31, 1938 to May 31, 1938 that I last saw her alive on May 31, 1938 and that death occurred, on the date stated above, at 6:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth at 8 1/2 months -
Persistent Ductus arteriosus
(Blue Baby)

(duration)

yrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

Placental separation

(duration)

yrs.

mos.

ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. D.

June 10, 1938 (Address)

Crystal City 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

Festus Mo

DATE OF BURIAL

6/1/38 19

20. UNDERTAKER

Duester and Vinyard

ADDRESS

Festus Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION in plain terms, so that it may be properly classified.

