

DEC'D JUN 21 1939

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

Do not use this space.

1. PLACE OF DEATH

42 County Henry
Township Davis
City 346 (No. 1)

Registration District No. 355
Primary Registration District No. 5497

File No. 18744
Registered No. 8

2. FULL NAME

(a) Residence, No. Chin R.R. 4 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Girl 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 00

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) Henry Co Mo

13. NAME Wellie Kidwiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

15. MAIDEN NAME Thelma Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT Wellie Kidwiler (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Victory Lodge DATE May 19 39

19. UNDERTAKER Consolman + Peck (ADDRESS) Clinton Mo

20. FILED 5-23 1939 WEB Aggerly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1939, to May 18, 1939.
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Stillborn premature birth because of heavy work of patient 6 1/2 m. pregnancy
Other contributory causes of importance:

Date of onset

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) W. S. Webb
317 (Address) Clinton 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.

DOM-10-22-36
U.S. G.P.O. 1934

RECEIVED

District Health Officer No. 7,

District File Number 7-39-849

Date Filed 6-2-39