

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

Do not use this space.

1939 JUN 13 1939

19239

1. PLACE OF DEATH

County Mississippi
Township Springfield
City Charleston

Registration District No. 526
Primary Registration District No. 3030

File No. _____
Registered No. 49
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8 - 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
no no no

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 _____
Infant

12. BIRTHPLACE (CITY OR TOWN) Charleston mo (STATE OR COUNTRY) D

13. NAME Prisc Stark

14. BIRTHPLACE (CITY OR TOWN) Charleston mo (STATE OR COUNTRY) D

15. MAIDEN NAME Ruby Callahan

16. BIRTHPLACE (CITY OR TOWN) East Prairie mo (STATE OR COUNTRY) D

17. INFORMANT Prisc Stark (ADDRESS) Charleston mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Cemetery DATE 5/8 1939

19. UNDERTAKER Frank Lin General Service (ADDRESS) Charleston mo

20. FILED 5-9-1939 J D Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/8 1939 to _____, 19____.

I last saw him/her 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:

5 mo. miscarriage
Date of onset _____
Other contributory causes of importance: _____
Name of operation none 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? no

If so, specify _____

(Signed) E. Charles Palmer M. D.
(Address) Charleston 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.

WHITE PEANLY, WITH OUTWARDING INA---THIS IS A PERMANENT RECORD

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