

REC'D JUL 17 1938

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

Do not use this space.

22745

1. PLACE OF DEATH
 County Ray Registration District No. 742
 Township Lewson Primary Registration District No. 5-9-77-c
 City Lewson (No. 4444) St. _____ Ward _____

2. FULL NAME Infant 330
 (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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-17-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) Lewson (STATE OR COUNTRY) 0

13. NAME Estell Stout 1

14. BIRTHPLACE (CITY OR TOWN) Ray (STATE OR COUNTRY) 1

15. MAIDEN NAME Ratha Bruner

16. BIRTHPLACE (CITY OR TOWN) Ray (STATE OR COUNTRY) _____

17. INFORMANT Estell Stout (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Chamita DATE June, 18-1938

19. UNDERTAKER Richard - German (ADDRESS) Lewson, Mo.

20. FILED June 18, 1938 Edwin S. House Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to June 17, 1938
 I last saw him alive on June 17, 1938. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Asphyxiation neonata following version & placenta previa mother Date of onset _____

Other contributory causes of importance: 16 3/4"

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) Clatus E. Quehry, M. D.
Lewson, Mo. (Address) 666

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.

