

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.

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County *of Bollinger*
Township *R 7 N 1 E*
City *Zalma, Mo.* (No. _____)

Registration District No. *69*Primary Registration District No. *5107*File No. *47526*

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *0* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Stillborn</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 31, 1936</i>		
7. AGE	YEARS	MONTHS
<i>0</i>	<i>0</i>	<i>0</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<i>0</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<i>0</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <i>0</i>

OCCUPATION

FATHER

MOTHER

INFORMANT

BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

UNDERTAKER

ADDRESS

FILED

19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Stillborn Jan 31 1936*22. I HEREBY CERTIFY, That I attended deceased from *Jan 31 1936* to *Jan 31 1936*Last saw h. *Stillborn* 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**Baby's (fetus) last**movement 1 week**ago Mother said.*

Other contributory causes of importance:

ago Mother said.

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) *Dr. R. A. Smith, D.O.*(Address) *P.O. Box #63, Zalma, Mo.*

