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.

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

Do not use this space.

APR 21 1936

1. PLACE OF DEATH County Montgomery Township Montgomery City ..... (No. ....., ... St. ..... Ward)

Registration District No. 592
Primary Registration District No. 5790

File No. 47944
Registered No. 7

2. FULL NAME Un Named "Still Born"

(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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): XXXX

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/23/36

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

OCCUPATION
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) Near (STATE OR COUNTRY) Montgomery City Mo

FATHER
13. NAME Corey Sabin
14. BIRTHPLACE (CITY OR TOWN) Malden Ill (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mary Houke
16. BIRTHPLACE (CITY OR TOWN) Montgomery Mo (STATE OR COUNTRY)

17. INFORMANT Corey Sabin (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery C.C. DATE 3/23/36 19

19. UNDERTAKER C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED Mar 24 1936 Emile Menefee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 23 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:30 am

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

Still-born. | Date of onset

Other contributory causes of importance: Caused of Still. Birth unknown.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) James O. Helm, M. D.

(Address) New Florence Mo