

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.

JUL 1 1936

18118-3
48218

1. PLACE OF DEATH

County Saline
Township Cambridge
City Cambridge

Registration District No. 744
Primary Registration District No. 60254

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME 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 Female	4. COLOR OR RACE White	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)				
7. AGE	YEARS 0	MONTHS 0	DAYS 0	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) Saline Co.
(STATE OR COUNTRY)

FATHER	13. NAME Chas Jaeger
	14. BIRTHPLACE (CITY OR TOWN) <u>Franklin Co</u> (STATE OR COUNTRY)
	15. MAIDEN NAME Clara Heyman
	16. BIRTHPLACE (CITY OR TOWN) <u>Saline Co.</u> (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Gillian Mo. R -I.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arrow Rock Mo DATE Apr. 6, 1936,

19. UNDERTAKER (ADDRESS) Jones and Salzer, Slater Mo.

20. FILED 6 1936 J. P. Davidson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6th, 1936
22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1936, to 7th, 1936
I last saw h alive on Saline Co., 1936. Death is said to have occurred on the date stated above, at 8.30 P.M.
The principal cause of death and related causes of importance were as follows:

Placenta Praevia
Date of onset At Birth
Other contributory causes of importance:

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 _____, 1936
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) J. P. Davidson, M. D.
(Address) Gillian

