

JUN 24 1936

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

Do not use this space.

48320

1. PLACE OF DEATH

County Newton Registration District No. 609  
Township ..... Primary Registration District No. 4363  
City Newton (No. ....) St. .... Ward)

File No. ....  
Registered No. 64

2. FULL NAME

Stillbirth

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1936

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

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) (STATE OR COUNTRY) Newton, Mo.

13. NAME August B. Coppage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

15. MAIDEN NAME Sarah Eva Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocky Comfort, Mo.

17. INFORMANT (ADDRESS) August B. Coppage, Newton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gibson Cem. DATE 5-17-1936

19. UNDERTAKER (ADDRESS) Biggar's, Newton, Mo.

20. FILED 5-19-36 Orval A. Baber, D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 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 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Stillbirth  
Premature - 6 months  
Other contributory causes of importance:  
acute suppurative nephritis & sepsis labor

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) M. C. Bowman, M. D.  
(Address) Newton, Mo.

WRITE PEANUT, 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.

