

JUL 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County Madison

Registration District No. 628

Township

Primary Registration District No. 3031

City Marionville (No. _____ St. _____ Ward _____)

File No. 48493

Registered No. 79

2. FULL NAME Stillborn daughter of Mrs. & Mr. Romaine Garden

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.
0 0 0

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) Marionville Mo

13. NAME Romaine Garden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peckering Mo

13. MAIDEN NAME Marie Ashford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville Mo

17. INFORMANT Romaine Garden (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak Cemetery 6-24 1936

19. UNDERTAKER Funeral Home Co. (ADDRESS) Marionville Mo

20. FILED 6-24 1936 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 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.....m.

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

Stillborn 5 A.M. Date of onset

Other contributory causes of importance: Cause unknown

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) W. B. Humphord, M. D.

(Address) Marionville, Mo.

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.

