

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.

OCT 1 1936

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

Do not use this space.

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1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Jefferson Primary Registration District No. 447
City Rock Hill Village (No. 10) Rear Manchester Rd. & Varson Rd. (St. 101 Ward)

2. FULL NAME

(Baby) Rollison (Still Born)

(a) Residence, No. Manchester & Varson Bds. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Still Born</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Still Born Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 31, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation <u>-----</u>
	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) <u>-----</u>	

12. BIRTHPLACE (CITY OR TOWN) Rock Hill Village
(STATE OR COUNTRY) Missouri

MOTHER FATHER	13. NAME <u>Oscar Parker Rollison</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Corning,</u> (STATE OR COUNTRY) <u>Arkansas</u>
	15. MAIDEN NAME <u>Ruth Scott</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>East St. Louis,</u> (STATE OR COUNTRY) <u>Illinois</u>

17. INFORMANT Mr. Oscar P. Scott (father)
(ADDRESS) Webster Groves, Mo.

18. BURIAL, CREMATION OR REMOVAL Lake Charles Cemetery
St. Louis County, Mo. DATE Sept. 1, 1936

19. UNDERTAKER Allen W. Myrtaughlin
(ADDRESS) Webster Groves, Mo.

20. FILED 8-31, 1936 Jules R. York
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1936
22. I HEREBY CERTIFY, That I attended deceased from Still born, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at S.A. m.
The principal cause of death and related causes of importance were as follows:

Still-born
Asphyxiation due to fluid in lungs.
Other contributory causes of importance:
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....
Cause of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Wm. Brown, M. D.
(Address) Maplewood, Mo.

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