

OCT 20 1936

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

Do not use this space.

48970

## 1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 124Township JacksonPrimary Registration District No. 4070City Jackson (No.         )St.         Ward         

## 2. FULL NAME

(a) Residence, No. Dixie Joy Clippard (still-born)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

Infant

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 10, 1936

## 7. AGE

YEARS 0MONTHS 5DAYS 8If LESS than 1 day, 0 hrs. or 0 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) (STATE OR COUNTRY)

Jackson Mo.

## FATHER

## 13. NAME

Frank Clippard

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Near Oak Ridge Mo.

## MOTHER

## 15. MAIDEN NAME

June Lloyd

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Near Advisee Mo.

## 17. INFORMANT (ADDRESS)

Mr. W. S. Byrd Oak Ridge, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Clippard Cemetery DATE 9-11 1936

## 19. UNDERTAKER (ADDRESS)

Crocker - Allen 9-11 36 D. G. Sabers

## 20. FILED

9-11 361936

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 193622. I HEREBY CERTIFY, That I attended deceased from 9-10 1936, to 9-10 1936.I last saw her on still born, 1936. Death is saidto have occurred on the date stated above, at          m.

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

Still Born

Date of onset

Other contributory causes of importance:

Name of operation none Date of         What test confirmed diagnosis?          Was there an autopsy? no23. 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? noIf so, specify         (Signed) D. G. Sabers(Address) Jackson Mo.

M. D.

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.

