

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Locust Creek
City Linneus (No., St. Ward)

Registration District No. 801
Primary Registration District No. 4304

File No. 49355
Registered No. St. Ward

2. FULL NAME Stillborn White

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX girl 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 XXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23 1936

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXXXXXXXXXX

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) Linneus
(STATE OR COUNTRY) Missouri

13. NAME Harold White

14. BIRTHPLACE (CITY OR TOWN) Linn County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Lois Buckman

16. BIRTHPLACE (CITY OR TOWN) Linneus
(STATE OR COUNTRY) Missouri

17. INFORMANT Ray Cloud
(ADDRESS) Linneus, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Cem DATE 11/23/1936

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linneus, Missouri

20. FILED 12-1- 1936 J. W. Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936, to Nov 23, 1936

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 infant

Date of onset

Other contributory causes of importance:

Highly toxic
in mother

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) J. W. Webb, M. D.

(Address) Linneus, 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.

