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

Do not use this space.

49367

File No. .....

Registered No. 69

1. PLACE OF DEATH

County Moniteau Registration District No. 571

Township Walker Primary Registration District No. 4335

City California (No. ....., ... St. ..... Ward)

2. FULL NAME Still born.

(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: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-36.

7. AGE — YEARS: Still | MONTHS: Born | DAYS: | If LESS than 1 day, ... hrs. or ..... 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) California
(STATE OR COUNTRY) Mo.

FATHER

13. NAME A. Everett Wilson

14. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Elsie Mae Hess

16. BIRTHPLACE (CITY OR TOWN) Moniteau Co
(STATE OR COUNTRY) Mo.

17. INFORMANT A. Everett Wilson
(ADDRESS) California Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 11-13- 1936

19. UNDERTAKER J. N. Nelson & Sons
(ADDRESS)

20. FILED 11-13- 1936 H. R. Popejoy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-11- 1936, to 11-12 1936

I last saw h — alive on Still born, 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:

Don't Know

Still born.

Date of onset

Other contributory causes of importance:

Name of operation None 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? .....

If so, specify .....

(Signed) L. L. Latham, M. D.

(Address) California 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.

100M-7-24-33