

DEC 30 1936

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township Sherrill
City (No. 568)

Registration District No. 568
Primary Registration District No. 6149

File No. 49421
Registered No. 24 Ward

2. FULL NAME

(a) Residence, No. Stillborn St. Leake Smith 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 Stillborn 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16, '36

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

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) Lecky Mo

13. NAME Ralph E. Smith

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

15. MAIDEN NAME Minnie Friend

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

17. INFORMANT Ralph E. Smith (ADDRESS) Lecky Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lecky Mo DATE Nov 16, 1936

19. UNDERTAKER (ADDRESS) Lecky Mo

20. FILED 11/16 1936 L. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 193622. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at H. A. m.

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

Stillborn

Date of onset

Other contributory causes of importance:

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) L. Reed, M. D.

(Address) Lecky 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.

