APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Benton
Township: Cole
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 59
Primary Registration District No. 5099

File No. 11086
Registered No. 7

2. FULL NAME: Stillborn of Mrs. & Mr. Dan Dobbins

(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: male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-30-37

7. AGE

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Lincoln, Mo.

FATHER

13. NAME: Dan Dobbins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Blanche Casto
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT: Dan Dobbins
(ADDRESS): Lincoln, Mo. R.F.D.2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Private Cem. DATE: 3-30-37, 19..

19. UNDERTAKER: no Undertaker in attendance
(ADDRESS)

20. FILED: 3-31-37, 19 Sue Selover
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-30-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-30-37, 19....., to 3-30-37, 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, don't know

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

Stillborn, Premature birth 6 months. Cause, Asphyxiated from having cord wrapped around the neck about a month ago.

Date of onset

Other contributory causes of importance:

Name of operation: none Date of: .....
What test confirmed diagnosis? clinical 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) Harry Bay, M. D.
(Address) Cole Camp, Mo.

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.