

APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Richmond
City (No.)

Registration District No. 839
Primary Registration District No. 6101

File No. 13860
Registered No. 11 Ward

2. FULL NAME

(a) Residence, No. Still Born St. Merick 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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single Still Born
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still Born
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-21-1937
7. AGE YEARS MONTHS DAYS IF LESS than 1 day. hrs. min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Born
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) Stoddard Mo

MOTHER FATHER 13. NAME Still Born Merick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott, W

15. MAIDEN NAME Clithy Bond

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau

17. INFORMANT (ADDRESS) Harold Merick

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter Cemetery DATE Mar 22 1937

19. UNDERTAKER (ADDRESS) No Undertaker

20. FILED 4-12 1937 J.P. Brandon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1937

22. I HEREBY CERTIFY, That I attended deceased from Still Born, 1937

I last saw h. Still Born alive on 3-21, 1937. Death is said to have occurred on the date stated above, at 8 P 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 _____ 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 _____, 1937

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 Effluents (Signed) _____, M. D.

(Address) Stoddard Mo

112a Front.

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.

