

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.

611-9 MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Army
Township
City Monett (No.)

Registration District No. 30
Primary Registration District No. 3003

File No. 15599
Registered No. 17 (Ward)

2. FULL NAME

Stillborn, Neil Nolan

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

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

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

7. AGE YEARS MONTHS 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) Monett, Mo. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME John Wm. Nolan

14. BIRTHPLACE (CITY OR TOWN) Monett, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Anna Rensis

16. BIRTHPLACE (CITY OR TOWN) Crane, Mo. (STATE OR COUNTRY)

17. INFORMANT B. P. Nolan (ADDRESS) Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE D. O. G. F. DATE April 2, 1937

19. UNDERTAKER Blankenship (ADDRESS) Monett, Mo.

20. FILED 4-12-1937 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to April 10, 1937
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:

Still born about 5 months
Had been dead about 2 days at birth
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. H. Ferguson M. D.
(Address) Monett, Mo.

