MAY 20 1937

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

Do not use this space.

16425

1. PLACE OF DEATH
County Harrison — Registration District No. 334 — File No.
Township — Primary Registration District No. 4197 — Registered No. 32
City Bethany (No. , St. Ward)

2. FULL NAME Stillborn baby Hartshorn

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1937

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) (STATE OR COUNTRY) Bethany Missouri

FATHER
13. NAME Robert Gerald Hartshorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hatfield Missouri

MOTHER
15. MAIDEN NAME Ocie Shell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Center Missouri

17. INFORMANT (ADDRESS) Gerald Hartshorn Allendale, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Weaver Chapel DATE 4/22 1937

19. UNDERTAKER (ADDRESS) Frank Y Cramer Bethany Mo

20. FILED 4-23- 1937 A. L. Wessling Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from on, 19 to 4-21, 1937
I last saw him alive on stillborn 4-21, 1937. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

Stillbirth — Date of onset 4-21-37

Other contributory causes of importance: Induced - labor - due to convulsions in mother - non-eclampsia - ?

Name of operation Ruptured membranes - Date of 4-17-37
What test confirmed diagnosis? nal — 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? no
If so, specify
(Signed) W. L. Broyles, M. D.
(Address) Bethany Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.