JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 20272
Township ~~Blue~~ — Primary Registration District No. 3019 — Registered No. 181
City Independence Sanitarium (No. ..... St. ..... Ward)

2. FULL NAME Stillborn Honeycutt

(a) Residence, No. None St., ... 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1937

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

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) Independence Mo

FATHER
13. NAME Floyd E. Honeycutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birch Tree, Mo

MOTHER
15. MAIDEN NAME Stella Roe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lovary Mo

17. INFORMANT (ADDRESS) Father — Independence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Private burial lot DATE May 19 1937

19. UNDERTAKER (ADDRESS) Father 143 E Lexington

20. FILED 5-20-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to May 17, 1937
I last saw h..... alive on Stillborn 19..... Death is said to have occurred on the date stated above, at 11:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn — Premature — Toxemia of pregnancy Eclampsia	—

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Unnecessary 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) Russell D. Grubmer, M. D.
(Address) Independence, 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.