

JUN 30 1937

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

Do not use this space.

21581

1. PLACE OF DEATH

County Washoe

Registration District No. 895

File No. 21581

Township Nevada

Primary Registration District No. 3039

Registered No. 144

City Nevada (No. 4)

St. 4 Ward 1

2. FULL NAME

(a) Residence, Las Vegas Hospital Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn May 24, 1937

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

I HEREBY CERTIFY, That I attended deceased from Stillborn May 24, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24th 1937

I last saw him alive on, 1937. Death is said to have occurred on the date stated above, at 11 m.

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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)

Stenosis of Umbilical Cord causing death & premature labor
Other contributory causes of importance: none known

Date of onset Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo.

13. NAME Roy West

Name of operation none Date of ✓

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo.

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

15. MAIDEN NAME Helen Hornback

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1937

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo.

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Roy West Nevada Mo.

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Neuter B. C. DATE May 24, 1937

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

19. UNDERTAKER (ADDRESS) Carlinson Nevada Mo.

(Signed) APR M. D.

20. FILED 5/24 1937 A. McLaughlin Registrar

(Address) Nevada, 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.

