

JUL 31 1937

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

Do not use this space.

25108

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson (No. 1)

Registration District No. 1171
Primary Registration District No. 6145

File No. 25108
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Still Born Baby Vanderwoort

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Still Born

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) Raymondville Mo

FATHER 13. NAME Monta Vanderwoort

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

MOTHER 15. MAIDEN NAME May Grashers

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

17. INFORMANT Mary Vanderwoort

(ADDRESS) Raymondville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley View DATE June 19 1937

19. UNDERTAKER Neighbors

(ADDRESS) Raymondville Mo

20. FILED June 19 1937 Mrs. Dora Gregory Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
I last saw h. Still Born, 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

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 1

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Lesh Randal, M. D.
(Address) Leshing 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.

