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.

AUG 23 1937

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

Do not use this space.

27111

1. PLACE OF DEATH

33 County Dent — Registration District No. 266 — File No.

Township Springcreek — Primary Registration District No. 5370 — Registered No. 52

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Stillborn

(a) Residence, No. ..... 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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 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) Salem, Mo.

FATHER

13. NAME Delbert Hofford

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

MOTHER

15. MAIDEN NAME Bessie Heaver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County Mo.

17. INFORMANT (ADDRESS) Delbert Hofford Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Herman DATE July 23, 1937

19. UNDERTAKER (ADDRESS)

20. FILED Aug 5, 1937 F. E. Butler M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

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:

Premature placental seperation

Date of onset

Other contributory causes of importance: poor health

Name of operation None Date of —

What test confirmed diagnosis? Usual Sign 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) N. G. Dillard M.D., M. D.

(Address) Salem, Mo.