

SEP 16 1937

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

Do not use this space.

30149

1. PLACE OF DEATH

County Clare Registration District No. 20/3012
Township Liberty Primary Registration District No. 5280
City Liberty (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Stillborn

(a) Residence, No. 225 S. Mo. St., 4th 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

MEDICAL CERTIFICATE OF DEATH

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Hester
DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1937
AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1937, to Aug 12, 1937
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
6 weeks Hester
Other contributory causes of importance:

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. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME Norman Follitt Jr.

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

15. MAIDEN NAME Ral Jean Stubbs

16. BIRTHPLACE (CITY OR TOWN) London Point Mo.
(STATE OR COUNTRY)

INFORMANT (ADDRESS) Mrs. Norman Follitt Jr. Liberty Mo.

BURIAL, CREMATION, OR REMOVAL PLACE DATE Aug 12, 1937

UNDERTAKER (ADDRESS)

FILED 9/2 1937 E T Blair Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Burton Maltby M. D.
(Address) Liberty Mo.

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1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No.....
 City..... (No....., St. Ward

2. FULL NAME.....

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

19. UNDERTAKER..... (ADDRESS)

20. FILED....., 19..... Registrar.....

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw h..... alive on....., 19..... Death

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as fol. Date of.....

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.....

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

(Signed).....

(Address).....