

SEP 21 1937

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

Do not use this space.

PLACE OF DEATH

County MarionRegistration District No. 543File No. 31178Township BonePrimary Registration District No. 5743Registered No. 4

City

(No.

St.

Ward)

FULL NAME

Still-Born(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
(If nonresident, give city or town and State)
Date 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

1. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) InfantMARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

AGE OF BIRTH (MONTH, DAY, AND YEAR)

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

000

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

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

PLACE OF BIRTH (CITY OR TOWN) STATE OR COUNTRY

NAME

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MAIDEN NAME

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FORMANT (ADDRESS)

FUNERAL, CREMATION, OR REMOVAL

PLACE

FUNERTAKER (ADDRESS)

LED

Aug 11 1937 Mrs. Vera Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 193722. I HEREBY CERTIFY, That I attended deceased from Aug 6 1937 to Aug 6 1937I last saw him alive on Aug 6 1937 Death is saidto have occurred on the date stated above, at Still-Born

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

Date of onset

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) V. G. Weston, M. D.(Address) Still-Born

