

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.

Do not use this space.

D. Rowling
SEP 2 1937

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

1. PLACE OF DEATH
 County *Mississippi* Registration District No. *566*
 Township *Charleston* Primary Registration District No. *3030*
 City *Charleston* (No.) St. Ward
 2. FULL NAME *Nora May Corbett Stillborn*
 (a) Residence, No. *Charleston* 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.

File No. **31244**
 Registered No. *150*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *-*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 9, 1937*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn *no*
 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 *-*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 9, 1937*
 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 *9:30* m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Stillborn
Premature separation of Placenta
 Date of onset *-*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Charleston, Mo.*
 13. NAME *Tump Corbett*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. miss Co*
 15. MAIDEN NAME *Cladell Irle*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. miss Co*
 17. INFORMANT (ADDRESS) *Tump Corbett Charleston*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Unionton* DATE *Aug 10 1937*
 19. UNDERTAKER (ADDRESS) *Trans Shelly East Prairie*
 20. FILED *8-10* 19*37* *J. Vernon* Registrar.

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) *D. Rowling* M. D.
 (Address) *Charleston, Mo.*

