

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Randolph*
Township *Sugar Creek*
City *Moberly*

Registration District No. *735*
Primary Registration District No. *3034*
(No. *Woodland Hospital*)

File No. *6* **31553**
Registered No. *185*
St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

Length of residence in city or town where death occurred *x* yrs. *x* mos. *y* ds. How long in U. S., if of foreign birth? *x* yrs. *mos.* *ds.*

Christman Baby Boy

Ward *New Cambria Mo.*
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 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) *Aug 7th 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) *Mo*

FATHER
13. NAME *Aubrey Christman*

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

MOTHER
15. MAIDEN NAME *Ruth Lane*

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

17. INFORMANT (ADDRESS) *Aubrey Christman*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Cambria Mo* DATE *Aug 8th 1937*

19. UNDERTAKER (ADDRESS) *Mahan Bros San Moberly Mo*

20. FILED *Aug 8 1937 Ethel Blum Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 7th 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 7th dead 1937* to *Aug 7th 1937*. I last saw him alive on *Aug 7th 1937*. 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:

Stillborn
Baby had been dead several days, because skin showed evidence of deep decomposition
Other contributory causes of importance:
Caesarian Section on mother

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *X* Date of injury *X*, 19____
Where did injury occur? *X* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *X*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____

(Signed) *[Signature]* M. D.
(Address) *Moberly 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.

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