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.

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Caldwell
Township Fairview
City ..... (No. ..... St. ..... Ward)

Registration District No. 93
Primary Registration District No. 5139

File No. 33814
Registered No. 17

2. FULL NAME Not named.

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE W
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) Sept. 2-1937

7. AGE YEARS about 3 mo gestation | 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) Fairview Tp
(STATE OR COUNTRY) Caldwell Co Mo

FATHER
13. NAME Sam Spidle
14. BIRTHPLACE (CITY OR TOWN) St Francis Co
(STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Riby Suter
16. BIRTHPLACE (CITY OR TOWN) Breckenridge
(STATE OR COUNTRY) Mo

17. INFORMANT Father - Sam Spidle
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE On premeris DATE Sept 2" 1937

19. UNDERTAKER Father
(ADDRESS)

20. FILED Sept 10 1937 H. H. Patterson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 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 ..... m.

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

Born dead Sept 2 1937. About 3 mo gestation. Cause unknown. Twice No 1. (first born)

Date of onset

Other contributory causes of importance:
Attended at birth - Viewed the body

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify Do not know
(Signed) E. A. Thompson, M. D.
(Address) Breckenridge Mo

B 7 8