

DEC 20 1937

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

Do not use this space.

41515

1. PLACE OF DEATH

County Jackson  
Township Wan Buren  
City (No. City St. Ward)

Registration District No. 401  
Primary Registration District No. 555.6

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

Stillborn, child of Joe J. Bowers

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Stillborn</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2 1937</u>		
7. AGE	YEARS <u>X</u>	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. <u>X</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	11. Total time (years) spent in this occupation <u>X</u>
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Low Jack, Mo.</u>	
FATHER	13. NAME <u>Joe J. Bowers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo</u>	
MOTHER	15. MAIDEN NAME <u>Worthy Castigan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Main Valley Mo</u>	
17. INFORMANT (ADDRESS) <u>Joe J. Bowers Low Jack Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keos Summit</u> DATE <u>11/3</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Joe J. Bowers Low Jack, Mo.</u>		
20. FILED <u>Nov 3, 1937</u> <u>Vernie E. Yankee</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn, 19

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:  
Stillborn breech presentation  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X 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? X  
If so, specify \_\_\_\_\_  
(Signed) W. Beckman, M. D.  
(Address) Strasburg, 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.

WHITE PAPER, WITH RED-INKING INK—THIS IS A PERMANENT RECORD

