

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Johnson Registration District No. 426
Township Chilhowee Primary Registration District No. 5581
City (No. _____) St. _____ Ward _____

File No. 45749
Registered No. 18

2. FULL NAME Still Born

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo</u>				
FATHER	13. NAME <u>Mr. Wm. Woodruff</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Frankie Taylor</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark</u>			
17. INFORMANT (ADDRESS) <u>Wm Woodruff</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bear Creek</u> DATE <u>12-15</u> 19 <u>37</u>				
19. UNDERTAKER (ADDRESS) <u>Miss Abowd</u>				
20. FILED <u>Dec 17, 1937</u> <u>J. B. Beach</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Not known

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1937 to Dec 14, 1937
I last saw him alive on Dec 14, 1937 Death is said to have occurred on the date stated above, at H.P.
The principal cause of death and related causes of importance were as follows:
not determined Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? 0 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? no
If so, specify _____
(Signed) J. B. Beach M. D.
(Address) Chilhowee 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.

