

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.

JAN 2 11 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Nodaway Registration District No. 618
 Township Burlington Jct Primary Registration District No. 4369
 City Burlington Jct (No. _____) St. _____ Ward _____

2. FULL NAME Unnamed
 (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.

46200

File No. _____
 Registered No. 13
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stillborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
STILLBIRTH

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillbirth
 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) Burlington Jct
 (STATE OR COUNTRY) Missouri

13. NAME Orville Kinkannon 31

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Pauline Crowdes

16. BIRTHPLACE (CITY OR TOWN) Elmo
 (STATE OR COUNTRY) Missouri

17. INFORMANT Frank Crowdes
 (ADDRESS) Burlington Jct Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ohio Cemetery DATE Dec 11, 1937

19. UNDERTAKER J. R. Hann
 (ADDRESS) Burlington Jct. Mo

20. FILED Jan 10, 1938
J. R. Hann
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/0, 1937, to 12/10, 1937

I last saw h stillborn 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:

Prematurity (5 months) Date of onset _____

Other contributory causes of importance:

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? no

If so, specify _____

(Signed) B. F. Ryland, M. D.

(Address) Burlington Jct. Mo.

