

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1938

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

Do not use this space.

46306

1. PLACE OF DEATH

50 County Pettis  
Township Huntsburg  
City Huntsburg (No. 1)

Registration District No. 665  
Primary Registration District No. 5885

File No. 46306  
Registered No. 46306  
St. Huntsburg Ward 1

2. FULL NAME

(a) Residence, No. Stillbirth St. Huntsburg Ward 1  
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillbirth

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 37

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. Stillbirth

10. Date deceased last worked at this occupation (month and year) Stillbirth 11. Total time (years) spent in this occupation Stillbirth

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsburg, Mo.

13. NAME Richard Lee Ward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

15. MAIDEN NAME Lena Ellen Whipple

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

17. INFORMANT Richard L. Ward

18. BURIAL, CREMATION, OR REMOVAL PLACE Stillbirth DATE 1937

19. UNDERTAKER (ADDRESS) Stillbirth

20. FILED filed 15 - 1937 Mrs. J. B. Dorsey

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9? 1937

22. I HEREBY CERTIFY That I attended deceased from Stillbirth, 1937

I last saw Stillbirth on Dec 9, 1937. Death is said to have occurred on the date stated above, at Stillbirth m.

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

Date of onset

Other contributory causes of importance:

Mother had "flu"

Name of operation Stillbirth Date of Stillbirth

What test confirmed diagnosis? Stillbirth Was there an autopsy? Stillbirth

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Stillbirth Date of injury Stillbirth, 1937

Where did injury occur? Stillbirth (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Stillbirth

Manner of injury Stillbirth

Nature of injury Stillbirth

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Stillbirth

(Signed) C. L. Parkhurst, M. D.

(Address) Huntsburg, Mo.

