JAN 24 1938

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

Do not use this space.

File No. 46349
Registered No. 37

1. PLACE OF DEATH
County: Phelps Co.
Township:
City: Newburg (No. ..... St. ..... Ward)
Registration District No. 676
Primary Registration District No. 4402

2. FULL NAME: Still Birth

(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): No

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 2-1937

7. AGE — YEARS: — 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) (STATE OR COUNTRY): Newburg Mo

FATHER
13. NAME: Columbus Stinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crawford Co Mo

MOTHER
15. MAIDEN NAME: Lessa Reagan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newburg Mo

17. INFORMANT (ADDRESS): Columbus Stinson Newburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Newburg Mo DATE: Mar 3, 1937

19. UNDERTAKER (ADDRESS): Lee Johnson Newburg Mo

20. FILED 1-7-1938 B. T. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-1-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from at delivery, 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:00 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still born	

Other contributory causes of importance:

Name of operation: None 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 .....
(Signed) R. E. Greer, M. D.
(Address) Newburg Mo