JAN 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Salina
Township
City Sweet Springs (No. ..... St. ..... Ward)

Registration District No. 801
Primary Registration District No. 4480

File No. 46851
Registered No. 41

2. FULL NAME Cliff

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21, 1937

7. AGE 0 YEARS 0 MONTHS 00 DAYS 0 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) Sweet Springs

FATHER
13. NAME Steve Cliff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

17. INFORMANT (ADDRESS) Steve Cliff

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Payne Cemetery DATE Dec 21 1937

19. UNDERTAKER (ADDRESS) None

20. FILED Dec 21, 1937 Rose C. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from at Birth 12-21, 1937, to 12-21, 1937
I last saw her [illegible] on Stillborn, 1937. Death is said to have occurred on the date stated above, at no life.
The principal cause of death and related causes of importance were as follows:

Stillborn

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) J. F. Vail, M. D.
(Address) Sweet Springs 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.