

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township White
City Oshtato (No. _____) St. _____ Ward _____

Registration District No. 420
Primary Registration District No. 3022

File No. 3164
Registered No. 5

2. FULL NAME

(a) Residence, No. 904 21, 2nd
(Usual place of abode)

Baby Brown (Stillborn) 6511

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 15 24 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24 1938

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

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

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. _____

Still birth
Knot in Cord
Date of onset 9:00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oshtato Mo

13. NAME Kenneth L. Brown

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wapineville Ill

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

15. MAIDEN NAME Sara Nora Koontz

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vandalia Ill

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Kenneth L. Brown (ADDRESS) Oshtato Mo

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Ill DATE Jan 25 1938

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

19. UNDERTAKER Dr. F. Thumherd (ADDRESS) Oshtato Mo

If so, specify _____ (Signed) W. S. J. J. J. M. D.

20. FILED 2-1 1938 Jeneva Danell Registrar.

(Address) Oshtato Mo

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

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH