

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

Do not use this space.

3185

1. PLACE OF DEATH
 County Jefferson Registration District No. 423
 Township Rock Primary Registration District No. 5578
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 3

2. FULL NAME Stillborn Harold 640
 (a) Residence, No. Kimmurick Ave 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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14th 1938</u>			
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) <u>Kimmurick Mo</u> (STATE OR COUNTRY)			
FATHER	13. NAME <u>Ervin Herrell</u>		
	14. BIRTHPLACE (CITY OR TOWN) <u>Kimmurick Mo</u> (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME <u>Hazel Seidler</u>		
	16. BIRTHPLACE (CITY OR TOWN) <u>Kimmurick Mo</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Brown & Herrell</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL <u>Richardson Cemetery</u> DATE <u>Jan 16th 1938</u>			
19. UNDERTAKER <u>Richardson Cemetery</u> (ADDRESS) <u>Kimmurick Mo</u>			
20. FILED <u>Jan 14 1938</u> <u>Phil J. Teich</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. 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:

Stillborn

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. Teich M.D. M. D.
 (Address) Kimmurick 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

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