

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

Do not use this space.

3223

File No.
Registered No. St. Ward)

1. PLACE OF DEATH
 53 County Lee Registration District No. 449
 2 Township Lebanon Primary Registration District No. 4267
 1 City Lebanon (No. Wasson Hospital St. Ward) ...

2. FULL NAME Still-Bean 634
 (a) Residence, No. 3 St. Ward.
 (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. (If nonresident, give city or town and State)

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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1938

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner, 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 _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.
 13. NAME E. G. Bradley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland, Wash.
 15. MAIDEN NAME Margaret Walstrom
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.
 17. INFORMANT E. G. Bradley (ADDRESS) Lebanon Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Mo. DATE Jan. 20, 38
 19. UNDERTAKER (ADDRESS) W. C. Holman, Lebanon Mo.
 20. FILED 1-20-38 J. M. Comb Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-19, 1938, to 1-19, 1938.
 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:
Partial Separation of Placenta Date of onset _____
 Other contributory causes of importance: Hemorrhage into amniotic sac.

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

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) D. J. Sumner, M. D.
 (Address) Lebanon 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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH