

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

Do not use this space.

REC-9 APR 22 1938

1. PLACE OF DEATH

79 County Perry Registration District No. 969
Township Quirk Primary Registration District No. 5877
City _____ (No. _____, _____ St. _____ Ward _____)

2. FULL NAME

Stillborn 165
(a) Residence, No. _____ 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

3. SEX Male 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) March 19th, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
No No No

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Uniontown Mo

13. NAME Rudolph H. Weibern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Bent Mo

15. MAIDEN NAME Ethel Stumman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Mo

17. INFORMANT (ADDRESS) R. H. Weibern Uniontown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Uniontown DATE March 19, 1938

19. UNDERTAKER (ADDRESS) none

20. FILED April 7, 1938 Ben Halter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1938 to March 19, 1938

I last saw Stillborn _____, 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:

Stillbirth due to Eclampsia in Mother Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? None 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) Theodore Fischer, M. D. 598 (Address) Altamburg, 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.

