REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Pulaski
Township:
City: Gerald Park (No. , 625 St. Ward)

Registration District No. 712
Primary Registration District No. 4427

File No. 11832
Registered No. 4

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2. FULL NAME: Winfred Harrison Stillborn

(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: Boy
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 3 1938

7. AGE

Years	Months	Days	If LESS than 1 day,
0	0	0	0 hrs. or 0 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): Richland Mo.

FATHER
13. NAME: Earl Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hogelgreen. Mo.

MOTHER
15. MAIDEN NAME: Wilma Carlson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co. Mo.

17. INFORMANT (ADDRESS): Earl Harrison Richland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St John Cemetery DATE: March 4, 1938

19. UNDERTAKER (ADDRESS): R. B. Tuttle Richland, Mo.

20. FILED: March 4, 1938 Everett A. Oliver. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): About Feb 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1938, to March 3, 1938
I last saw him alive on March 3, 1938. Death is said to have occurred on the date stated above, at unknown m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by umbilical cord -	About Feb 28/1938

Other contributory causes of importance:
unknown

Name of operation: none Date of
What test confirmed diagnosis? Bed Side 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) Everett A. Oliver, M. D.
(Address) Richland Mo.

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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.