

REC'D MAY 18 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Butler  
Township Neely  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 88  
Primary Registration District No. 5130

File No. 14163  
Registered No. 15

## 2. FULL NAME

Stillbirth (Gardin) 635  
(a) Residence, No. 4 miles South of Marshall, Mo. Ward.

(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>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 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. <u>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
	10. Date deceased last worked at this occupation (month and year) <u>—</u> <input checked="" type="checkbox"/>
	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>

12. BIRTHPLACE (CITY OR TOWN) Neely Township  
(STATE OR COUNTRY) Neelyville, Mo.13. NAME Joseph Gardin14. BIRTHPLACE (CITY OR TOWN) Little Rock  
(STATE OR COUNTRY) Arkansas15. MAIDEN NAME Floss Fields16. BIRTHPLACE (CITY OR TOWN) Newport  
(STATE OR COUNTRY) Arkansas17. INFORMANT Tera Scott  
(ADDRESS) Neelyville, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE At home DATE 4 - 27 - 193819. UNDERTAKER None  
(ADDRESS)20. FILED 4 - 27 - 1938 R. L. Turner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 193822. I HEREBY CERTIFY, That I attended deceased from  
These people, but no Physician, 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:

Premature Birth  
5 months utero gestation

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Ocular Was there an autopsy? NO23. 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) R. L. Turner, M. D.(Address) Neelyville, 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.

