

REC'D MAY 18 1938

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

14539
Do not use this space.

1. PLACE OF DEATH
 35 (a) County Stoddard Registration District No. 289
 8 (b) Township _____ Primary Registration District No. 4173 Registered No. 18
 0 (c) City Malden (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Still born 236
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Still born 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Still born
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still born
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-38
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Still born
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8/1938
 22. I HEREBY CERTIFY, That I attended deceased from 4-9-1938 to 4-8-1938
 I last saw Still born alive on 4/8/38 Death is said to have occurred on the date stated above, at 9:12 a.m.
 The principal cause of death and related causes of importance were as follows:
Small Pox
mocher
 Date of onset 2/28/38
 Other contributory causes of importance: ✓
 Name of operation none Date of _____
 What test confirmed diagnosis? History 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) S.E. Mitchell, M. D.
 (Address) Malden mo
 21. 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden mo
 FATHER 13. NAME William Bethel Foster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Risco mo
 MOTHER 15. MAIDEN NAME Sarah Pearl Tate
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Risco mo
 17. INFORMANT (ADDRESS) William Bethel Foster Malden mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden mo DATE 4/8/1938
 19. FUNERAL DIRECTOR (ADDRESS) none
 20. FILED 4/9/1938 S.E. Mitchell Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Deunklin Registration District No. 289
(b) Township _____ Primary Registration District No. 4173 Registered No. _____
(c) City Malden (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stillborn

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE w 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) 4-8-1938

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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)

FATHER 13. NAME Wm. B. Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him 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:

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) S. E. Mitchell, M. D.

(Address) Malden mo

NOTE—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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

