

REC'D MAY 13 1938

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

15731  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773  
(b) Township Pendleton Primary Registration District No. 6023 Registered No. 46  
(c) City Doe Run (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 Stillbirth 460

(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) Apr. 6, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.

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) Doe Run (STATE OR COUNTRY) Missouri13. NAME Orville N. Miller14. BIRTHPLACE (CITY OR TOWN) Konb Lick, (STATE OR COUNTRY) Missouri15. MAIDEN NAME Esther Wright16. BIRTHPLACE (CITY OR TOWN) Doe Run (STATE OR COUNTRY) Missouri17. INFORMANT L. M. Stansfield (ADDRESS) at home18. BURIAL, CREMATION, OR REMOVAL PLACE Family lot DATE 4-26-38 1919. FUNERAL DIRECTOR None (ADDRESS)20. FILED Apr 6 1938 T. J. Robinson Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-38 1922. I HEREBY CERTIFY, That I attended deceased when stillborn 19I 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:

Stillborn  
Prematurely at 5½ months

Date of onset

Other contributory causes of importance: 

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

What test confirmed diagnosis?  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? noIf so, specify L. M. Stansfield(Signed) L. M. Stansfield (Address) 7 Farming house rd

**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.)**