REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Township Washington
City St Joseph (No. St. Joseph Hosp. 134 St. Ward)
Registration District No. 85
Primary Registration District No. 1001
File No. 17745
Registered No. 521

2. FULL NAME Stillborn Spidell
(a) Residence, No. 1813 Savannah ave 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-38
7. AGE YEARS MONTHS DAYS Stillbirth If LESS than 1 day, ...hrs. or ....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) St Joseph's Hospital St Joseph Mo.

FATHER
13. NAME James Herbert Spidell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Violet Ruth Keslar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntley Nebraska

17. INFORMANT (ADDRESS) Mother 1813 Savannah ave.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE City Cemetery DATE 5/16 38
19. UNDERTAKER (ADDRESS) Stamey Funeral Home St Joseph Mo.
20. FILED May 15 1938 H J Nisthbush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from at Birth, 19..., to May 14, 1938
I last saw her alive on Never, 19.... Death is said to have occurred on the date stated above, at Before Birth
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6-7 mo gestation	

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? No
If so, specify .....
(Signed) E. E. Wadlow, M. D.
(Address) 620 Francis St, St Joseph

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.