REC'D JUN 14 1938

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

18160
Do not use this space.

1. PLACE OF DEATH
(a) County: Douglas
(b) Township: Benton
(c) City: Ava, Missouri
(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.

Registration District No. 272
Primary Registration District No. 5379
Registered No. 179

2. PRINT FULL NAME: Stillborn
(a) Residence, No.: ____ St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): May 18, 1938

7. AGE

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

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): Ava, Missouri

FATHER
13. NAME: Vasel Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ava Mo

MOTHER
15. MAIDEN NAME: Joe Hunt Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ava, Missouri

17. INFORMANT (ADDRESS): Reesie Hunt, Ava, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Tabor DATE: May 19, 1938

19. FUNERAL DIRECTOR (ADDRESS): Friends

20. FILED 6-9, 1938 Henry Burke, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 18, 38, 19____, to ____, 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:

Still Born

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) R M Norman, M. D.
(Address) Ava Mo

(Licensed Embalmer's Statement on Reverse Side)

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 the above constitutes grounds for revocation of license.)