

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

35371  
 Do not use this space.

18325

REC'D JUN 8 1938

**1. PLACE OF DEATH**

County Campbell Registration District No. 316  
 Township Osceola Family Registration District No. 5440  
 City Springfield, Mo. (No. S. Campbell) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 412  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Clauser, Mo. St. \_\_\_\_\_ Ward Clauser Mo.  
 (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 F 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 Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	

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) Springfield Mo.

13. NAME May Estes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clauser Mo.

15. MAIDEN NAME Marceline Little

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clauser Mo.

17. INFORMANT Jr. Welch  
 (ADDRESS) Clauser Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wise Hill DATE May 19 1938

19. UNDERTAKER (ADDRESS) Maples Funeral Home  
Clauser Mo.

20. FILED 5-17-38 19... 8 Chas. Georgetown  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-17-1938 to 5-17-1938

I last saw him/her alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Other contributory causes of importance:

Profound Asphyxia

Name of operation Asphyxia 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) P. L. Welch, D.O.

(Address) Clauser, Missouri

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.

