REC'D JUN 17 1938

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

Do not use this space.

File No. 18393

Registered No.

1. PLACE OF DEATH
County Howard
Township
City Glasgow (No. , St. Ward)
Registration District No. 379
Primary Registration District No. 4223

2. FULL NAME Stillborn

(a) Residence, No. St., 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1938

7. AGE: Years | Months | Days: Born Dead | If LESS than 1 day, ....hrs. ....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) Glasgow Mo. 0

FATHER
13. NAME Cornell Woods 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo. 0

MOTHER
15. MAIDEN NAME Elizabeth Dibble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo.

17. INFORMANT (ADDRESS) Cornell Woods Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glasgow Mo. DATE May 20, 1938

19. UNDERTAKER (ADDRESS) Walker Eudeley Glasgow Mo.

20. FILED May 20, 1938 J. W. Bohanner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 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:

| | Date of onset |
|---|---|
| Stillborn | |
| 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? No
If so, specify. Barb. Attendant - Ed. Corp.
(Signed) ....., M. D.
(Address) .....