

DEC 0 JUL 11 1938

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

Do not use this space.

21234

1. PLACE OF DEATH

County AudrainRegistration District No. 26

File No.

Township Salt RiverPrimary Registration District No. 3002Registered No. 95City Mexico MO

(No.)

Audrain County Hospital

St.

Ward)

2. FULL NAME Stillborn Erdel(a) Residence, No. 516 W. Monroe St. St. Ward.

(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)
Stillborn5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Stillborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

Stillborn

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
occupation12. BIRTHPLACE (CITY OR TOWN) Mexico, Missouri

(STATE OR COUNTRY)

FATHER

13. NAME Harold Erdel14. BIRTHPLACE (CITY OR TOWN)
Rush Hill
Mexico, MO.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Francis Bridgeford16. BIRTHPLACE (CITY OR TOWN)
Paula
Mexico, Missouri

(STATE OR COUNTRY)

17. INFORMANT Harold Erdel(ADDRESS) Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Mexico Mo DATE 6/30/38 19...19. UNDERTAKER Chas. Arnold Jr.(ADDRESS) Mexico, Missouri20. FILED June 30, 1938 Blanche Keely

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 29, 1938, to June 29, 1938

I 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:

Stillbirth 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 Paul & Co. Inc. M. D.

(Signed)

(Address) Mexico, Mo

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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.

