

REC'D JUL 19 1938

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

21749

Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
 (b) Township Franklin Primary Registration District No. 532.3 Registered No. 38
 (c) City _____ (d) Street No. _____
 (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.

2. PRINT FULL NAME

Stillborn baby boy Wofford 102
 (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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) 6/4/38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stillborn
 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) Dent Co Mo
 (STATE OR COUNTRY)

FATHER 13. NAME James Wofford

14. BIRTHPLACE (CITY OR TOWN) Dent Co Mo
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Delma Marie Gearheart

16. BIRTHPLACE (CITY OR TOWN) Dent Co Mo
 (STATE OR COUNTRY)

17. INFORMANT James Wofford
 (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cem DATE 6/5/38 19

19. FUNERAL DIRECTOR Carl K Spencer
 (ADDRESS) Salem Mo

20. FILED June 5 1938 F. E. Dentler MD
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to _____, 19____.
 I last saw him alive on June 4, 1938. Death is said to have occurred on the date stated above, at 5:20 p. m.
 The principal cause of death and related causes of importance were as follows:

Premature birth
age about 6 1/2 mos.

Date of onset

Other contributory causes of importance: 154'

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? _____
 If so, specify _____
 (Signed) G. E. Joseph, M. D.
 (Address) Salem Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE CAREFULLY WITH NON-FADING INK--THIS IS A PERMANENT RECORD

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.

I. X12004

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 with the above constitutes grounds for revocation of license.)