REG'D JUL 22 1938

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

Do not use this space.

22318

1. PLACE OF DEATH
County: Lincoln
Township: Union
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 490
Primary Registration District No. 5653

File No. .....
Registered No. 10

2. FULL NAME: Stillborn 165

(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): —

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13-1938

7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... 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) Lincoln County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Francis David O'Brien
14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Ella Margaret Colbert
16. BIRTHPLACE (CITY OR TOWN) Whiteside
(STATE OR COUNTRY) Missouri

17. INFORMANT Ella M. O'Brien
(ADDRESS) Whiteside — Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE On Premises DATE 6-13- 1938

19. UNDERTAKER Family
(ADDRESS) Whiteside Mo.

20. FILED 6-15- 1938 O. H. Damron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13 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 8 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn. 14 th. week	
gestation. Cause	
unknown	

Other contributory causes of importance:

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) J. B. Hoeger, M. D.
(Address) Whiteside, Mo.

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