

REC'D JUL 22 1938

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

22375  
 Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 5-85  
 (b) Township St. Michael Primary Registration District No. 3-228 Registered No. 54  
 (c) City Fredericktown (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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

Unnamed Infant of Sidney and Milvia Boyd 350  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 9, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
Stillborn

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) (STATE OR COUNTRY) Fredericktown Missouri

13. NAME Sidney Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

15. MAIDEN NAME Milvia Burkham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Missouri

17. INFORMANT (ADDRESS) Sidney Boyd Fredericktown

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE June 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Ed W. Thept Fredericktown, Mo.

20. FILED June 9 1938 B. C. Slaughter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-9 1938 to 6-9 1938.  
 I last saw him alive on June 9, 1938. 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  
Causes unknown  
 Other contributory causes of importance:

Name of operation no Date of no  
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 1938  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) W. E. Brunsen, M. D.  
 (Address) Fredericktown, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Edi H Webb

Licensed Embalmer No. 731

hereby certify that the body recorded on the reverse side of this certificate was prepared but not embalmed  
by me L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Edi H Webb

Licensed Embalmer No. 731

**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.)**