

REC'D AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Clay  
Township Redway  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. # 200  
Primary Registration District No. 5279B

File No. 25092  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Unnamed - Stillborn 350

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1938  
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 0

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Clay Co. Mo

FATHER 13. NAME Bennie Thomas Eaton  
14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Clay Co. Mo

MOTHER 15. MAIDEN NAME Mary Frances Meloy

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

17. INFORMANT (ADDRESS) B. J. Eaton, Clay Co. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clay Co. Mo DATE 7/9/38 19.

19. UNDERTAKER (ADDRESS) None - family

20. FILED 7/9/38 19. Phos Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Stillborn Baby, 19\_\_\_\_  
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:

a knot tied in umbilical cord from previous history of Case death occurred about 2 days before  
Other contributory causes of importance: delivery  
Date of delivery July 9-1938

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? accident 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) John H. Gage, M. D.  
19\_\_\_\_ (Address) Excelsior Springs 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.

