

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.

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

Do not use this space.

REC'D AUG 24 1938

1. PLACE OF DEATH *Holt*
County *Leaves* Registration District No. *373*
Township *(Leaves)* Primary Registration District No. *4919*
City *(Leaves)* (No. *1*) St. *(Leaves)* Ward *(Leaves)*

2. FULL NAME *Stillborn*
(a) Residence, No. *(Leaves)* St. *(Leaves)* Ward *(Leaves)*
(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.

25456

File No. *(Leaves)*
Registered No. *14*
St. *(Leaves)* Ward *(Leaves)*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *(Leaves)*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 16, 1938*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 7 2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *(Leaves)*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *(Leaves)*

10. Date deceased last worked at this occupation (month and year) *(Leaves)*

11. Total time (years) spent in this occupation *(Leaves)*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *(Leaves)*

MOTHER FATHER

13. NAME *Clyde Ball*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Holt Co., Mo.*

15. MAIDEN NAME *Evelyn Elliott*

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

17. INFORMANT *Clyde Ball*
(ADDRESS) *Oregon Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oregon Mo.* DATE *7-17-1938*

19. UNDERTAKER *Clyde Ball*
(ADDRESS) *Oregon Mo.*

20. FILED *7-17-1938* Registrar. *(Signature)*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *(Leaves)*, 19 *(Leaves)*, to *(Leaves)*, 19 *(Leaves)*.

I last saw h *(Leaves)* alive on *(Leaves)*, 19 *(Leaves)*. Death is said to have occurred on the date stated above, at *(Leaves)* m.

The principal cause of death and related causes of importance were as follows:
Stillborn

Date of onset *(Leaves)*

Other contributory causes of importance:
(Leaves)

Name of operation *(Leaves)* Date of *(Leaves)*

What test confirmed diagnosis? *(Leaves)* Was there an autopsy? *(Leaves)*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *(Leaves)* Date of injury *(Leaves)*, 19 *(Leaves)*

Where did injury occur? *(Leaves)* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *(Leaves)*

Manner of injury *(Leaves)*

Nature of injury *(Leaves)*

24. Was disease or injury in any way related to occupation of deceased? *(Leaves)*

If so, specify *(Leaves)*

(Signed) *E. J. Keesey*, M. D.
(Address) *Oregon Mo.*

