DEC SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH
County Webster
Township Finley
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 897
Primary Registration District No. 6101

File No. 30287
Registered No. 25

112

2. FULL NAME Stillborn

(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 —
4. COLOR OR RACE —
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) Aug 4 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. None
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) (STATE OR COUNTRY) Seymour Mo

FATHER
13. NAME William Thomas Bookout
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo

MOTHER
15. MAIDEN NAME Catherine Embry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co Mo

17. INFORMANT (ADDRESS) W. T. Bookout

18. BURIAL, CREMATION, OR REMOVAL
PLACE At Home DATE 8-4 1938

19. UNDERTAKER (ADDRESS) None

20. FILED 8/5 1938 R E McMahan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1938 to 8-4, 1938
I last saw h..... 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:

Date of onset

Stillbirth
2d mo

Other contributory causes of importance:
Horse back riding possibly

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? ..... 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) E G Bruce, M. D.
(Address) Seymour, Mo

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

30287
Do not use this space.

1. PLACE OF DEATH
(a) County Webster   Registration District No. 897
(b) Township Finley   Primary Registration District No. 6201   Registered No. 25
(c) City   (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 Stillborn Bookout
(a) Residence, No.   St.
(Usual place of abode, if no street address, write county or city)   (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: sex unknown
4. COLOR OR RACE
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) aug 4 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 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) mo

FATHER
13. NAME Wm Thomas Bookout.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE   DATE   19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 3-22 1939 R E McMahon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) aug 4 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   m.
The principal cause of death and related causes of importance were as follows: Date of onset

Other contributory causes of importance:

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?   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) E. B. Beers, M. D.
(Address) Seymour mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. ... stated EXACTLY. PHYSICIANS ... UNTIL ...

S-30287