

REC'D OCT 18 1938

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

31671  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
(b) Township \_\_\_\_\_ Primary Registration District No. 30.06 Registered No. 214  
(c) City Columbia (d) Street No. Boone County Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME STILLBORN BABY of MR & MRS ARLEIGH JOHNSON

(a) Residence, No. Route 4 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18-1938

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

22. I HEREBY CERTIFY, That I attended deceased from OK 9-18-1938 to 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-38

I last saw him alive on Stillborn 19 1938 Death is said to have occurred on the date stated above, 10/10/38 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

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

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 -

Breech presentation  
Converted to a foot presentation  
Baby dead  
Do not know when  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Boone Co. Hospital  
(STATE OR COUNTRY) Columbia, Mo.

Other contributory causes of importance:

FATHER 13. NAME Arleigh Johnson  
14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

Name of operation None Date of -  
What test confirmed diagnosis? - Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury -, 19 -  
Where did injury occur? In birth at all  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. No

17. INFORMANT Arleigh Johnson  
(ADDRESS) Route 4 Columbia, Mo.

Manner of injury Do not know  
Nature of injury -

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 9-19-1938

19. FUNERAL DIRECTOR Parkers  
(ADDRESS) Columbia, Mo.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify -  
(Signed) W. D. Dyer, M. D.

20. FILED 9/19/38 Allie Selby  
Local Registrar

(Address) Columbia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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STATEMENT BY LICENSED EMBALMER

I, W. D. Whitehead, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Whitehead

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed W. D. Whitehead

Licensed Embalmer No. 3893

**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.)**