REC'D OCT 19 1938

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

31953
Do not use this space.

21

1. PLACE OF DEATH

(a) County Chariton — Registration District No. 171

(b) Township Keytesville — Primary Registration District No. 5237 — Registered No. 19

(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.

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2. PRINT FULL NAME Stillborn

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stillborn infant
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) Keytesville Missouri 0

FATHER
13. NAME Strather Richardson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville, Mo. 0

MOTHER
15. MAIDEN NAME Comy Ann Maddox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keytesville Missouri

17. INFORMANT (ADDRESS) Strather Richardson Keytesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Asbury DATE Sept 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hyde & Garrett Keytesville

20. FILED 9/11 1938 Mrs Ray Laudree
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Sept 10, 1938
I last saw her dead Sept 10, 1938. Death is said to have occurred on the date stated above, at 11 45 P m.
The principal cause of death and related causes of importance were as follows:

asphyxia in utero

Date of onset

Other contributory causes of importance:
Placenta Previa
Centralis - Hemorrhage

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) G W Hawkins, M. D.
157 (Address) Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number 10/5/38
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.