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.

OCT 7 1938

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

32448
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper — Registration District No. 408

(b) Township Marion — Primary Registration District No. 3020 — Registered No.

(c) City Carthage — (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 Infant daughter of Sylvester and Luvina Mitchell 32 +

(a) Residence, No. 203 River St. 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: Colored
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): Sept. 7, 1938

7. AGE: YEARS Still born — 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): Carthage Mo. 0

FATHER
13. NAME: Sylvester Mitchell 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carthage Mo 0

MOTHER
15. MAIDEN NAME: Luvina Hill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fayette Mo

17. INFORMANT (ADDRESS): Mother

18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE Sept 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Disposed of by family

20. FILED Sept 9 1938 E. J. McIntosh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1938, to ....., 19....
I last saw h..... alive on Still born Sept 7, 1938 Death is said to have occurred on the date stated above, at 9:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia neonatorum 5 mos. fetus	

Other contributory causes of importance:

Name of operation: none — Date of .....
What test confirmed diagnosis? Clinical — Was there an autopsy? no

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? no
If so, specify .....
(Signed) E. J. McIntosh, M. D.
863 (Address) Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-38-273
Date Filed 10-5-38

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 comp with the above constitutes grounds for revocation of license.)

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