

1938 OCT 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln
Township Millwood
City Stilbourn (No. 34)

Registration District No. 490
Primary Registration District No. 5657

32653

File No. _____
Registered No. 6 St. _____ Ward)

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 Female
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24 - 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 2 min.
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. _____
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 0

SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siles, Mo.

MOTHER FATHER
13. NAME James Otis Mudd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siles, Lincoln Co. Missouri
15. MAIDEN NAME Sallie Beatrice Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Siles, Lincoln Co. Missouri

17. INFORMANT Otis Mudd
(ADDRESS) Siles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE on premises DATE 9-24-38

19. UNDERTAKER H. Family
(ADDRESS) Siles, Mo.

20. FILED 9-24-38 C. H. Dannon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24 - 1938

22. I HEREBY CERTIFY that I attended deceased from Sept. 24 - 1938 to Sept. 24 - 1938
I last saw him alive on _____, 1938. Death is said to have occurred on the date stated above at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Don't know other than premature birth.
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) O. H. Dannon, M. D.
(Address) Siles, Mo.

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

