

1938 OCT 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Nodaway
City (No. _____, _____ St. _____ Ward _____)

Registration District No. 618
Primary Registration District No. 6820

File No. 32925
Registered No. 7

2. FULL NAME Stillborn Infant

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1938

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

8. Trade, profession, or particular kind of work done, as spinner, 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 _____

12. BIRTHPLACE (CITY OR TOWN) Nodaway County (STATE OR COUNTRY) Missouri

13. NAME William Ralph Shields

14. BIRTHPLACE (CITY OR TOWN) Tremont (STATE OR COUNTRY) Ill

15. MAIDEN NAME Lois Fay Houston

16. BIRTHPLACE (CITY OR TOWN) Burlington Jct (STATE OR COUNTRY) Mo

17. INFORMANT W. Ralph Shields (ADDRESS) Burlington Jct Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Workman Chapel DATE June 23, 1938

19. UNDERTAKER J. H. Hahn (ADDRESS) Burlington Jct Mo

20. FILED 8-10 1938 Registrar J. Hahn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

22. I HEREBY CERTIFY That I attended deceased from June 23, 1938 to June 23, 1938
I last saw him 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:

Stillborn (1st trimester) Date of onset _____

Other contributory causes of importance:
6 1/2 mo gestation

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) B. F. Byham, M. D.
541 (Address) Burlington Jct Mo

N. S. - 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.

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