REC'D OCT 25 1938

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

33060
Do not use this space.

1. PLACE OF DEATH
(a) County: Pike
(b) Township: Peno
(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.

Registration District No. 688
Primary Registration District No. 5916
Registered No. 17

2. PRINT FULL NAME: Stillborn No Name
(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: Male
4. COLOR OR RACE: Black
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)

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 0 hrs. or 0 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): Pike Co. Mo.

FATHER
13. NAME: Ralph Baker Clay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Bessie Blackwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Frankford Missouri

17. INFORMANT: Ralph Baker Clay
(ADDRESS): Frankford, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 9/16 1938

19. FUNERAL DIRECTOR (NAME): Fields & Son
(ADDRESS): Frankford Mo

20. FILED Sept 16, 1938 Mattie Unsell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1938, to Sept. 15, 1938
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

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) O. W. Bridgman, M. D.
(Address) Frankford, 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. 10
District File Number 10-38-313
Date Filed 10-11-38

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

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