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.

REC'D NOV 22 1938

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

Do not use this space.

36217

1. PLACE OF DEATH
County Livingston — Registration District No. 514 — File No. 307
Township [illegible] — Primary Registration District No. 5683 — Registered No. 8
City Ludlow Mo (No. ..... St. ..... Ward)

2. FULL NAME Stillborn Silkwood
(a) Residence, No. Ludlow St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 38
7. AGE YEARS Stillborn MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) (STATE OR COUNTRY) Ludlow Mo

FATHER
13. NAME Marvin E. Silkwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer

MOTHER
15. MAIDEN NAME Type
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Spring Mo

17. INFORMANT (ADDRESS) Mrs Marvin E. Type
18. BURIAL, CREMATION, OR REMOVAL
PLACE Plymouth DATE Oct 24 1938
19. UNDERTAKER (ADDRESS) Family
20. FILED Oct 27, 1938 Geo Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Stillborn Oct 24, 1938
22. I HEREBY CERTIFY That I attended deceased from Oct 24, 1938, to Oct 24, 1938
I last saw her alive on Stillborn, 1938 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:

	Date of onset
Unknown.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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? No
If so, specify .....
(Signed) Geo Moore, M. D.
458 (Address) Ludlow Mo