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.

NOV 3 1938

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

Do not use this space.

1. PLACE OF DEATH
County Marion — Registration District No. 551 — File No. 36280
Township Round grove — Primary Registration District No. 5744 — Registered No. 11
City Emerson (No. ..... St. ..... Ward)

2. FULL NAME Baby Min Carol Baby Minch

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Female
4. COLOR OR RACE White
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 Stillborn — YEARS — 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. ✓
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) Emerson Mo. 0

FATHER
13. NAME Ernest Edward Minch 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emerson Mo. 1

MOTHER
15. MAIDEN NAME Katie Mae Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Kansas

17. INFORMANT (ADDRESS) Mrs. Pearl Minch Maywood Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hester Cemetary DATE Oct. 7 1938
19. UNDERTAKER (ADDRESS) James Thompson Maywood Mo.
20. FILED Oct 10 1938 J M Crebs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1938, to Oct 6 1938
I last saw h..... alive on Stillborn, 19..... Death is said to have occurred on the date stated above, at 12-30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn due to complications during delivery.	

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? no
If so, specify .....
(Signed) Dr. C. E. Shriver, M. D.
(Address) Philadelphia, Mo.