

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.

1938 DEC 4

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 3
 Township Mo. 1st Primary Registration District No. 1
 City Re. Mo. (No. Thrust Lake)

File No. 38431
 Registered No. 143
 St. _____ Ward _____

2. FULL NAME 525 Unknown Infant

(a) Residence, No. no record 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 <u>no record</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>no record</u>		
7. AGE YEARS <u>Stillborn</u>	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. <u>none</u>	
	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) no record

13. NAME no record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) none

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Maple Hill DATE 11/14/38

19. UNDERTAKER (ADDRESS) Swift & Tabin Co. Kansas City, Mo.

20. FILED Nov. 3 1938 M. M. Brown
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-16-38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him _____ live on _____, 19____ Death is said to have occurred _____ m. above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Premature stillbirth

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? not known Specify city or town, county, and State)
 Specify whether injury occurred in a house, apartment, 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) Arthur S. Smith, M. D.
 (Address) San Diego, K.C. Mo.

