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.

DEC 13 1938

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

Do not use this space.

38691

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township Washington — Primary Registration District No. 1001 — Registered No. 1201
City St. Joseph, Mo. (No. St. Joseph, Hospital St. Ward)

2. FULL NAME Baby Boy Stillman
(a) Residence, No. Highland, Kansas St. — Ward. Highland
(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: Male
4. COLOR OR RACE: Negro.
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): 11-30-38
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): St. Joseph Mo.

FATHER
13. NAME: Mr Roy Stillman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White Cloud Kansas

MOTHER
15. MAIDEN NAME: Nenanozia Stiver Sasier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Father - Highland Kansas Roy Stillman
18. [redacted] REMOVAL
PLACE White Cloud, Ks. DATE 12/3/'38 19
19. UNDERTAKER (ADDRESS): Graves - St. Joseph, Mo
20. FILED Dec 3 1938 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 30, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Nov. 30, 1938
I last saw him alive on Stillborn, 1938. Death is said to have occurred on the date stated above, at 8:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still-born.	

Other contributory causes of importance:
Toxic degeneration of parenchymatous organs. Bilateral partial fetal atelectasis.

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? No
If so, specify .....
(Signed) Winton T. Gay, M. D.
(Address) Kirkpatrick Bldg St. Joseph Mo

STATEMENT BY LICENSED EMBALMER

I, A. T. Moore, Licensed Embalmer No. 948

[illegible] that the body recorded on the reverse side of this Certificate was embalmed by ME

[illegible] Registered Apprentice No.

A. T. Moore

[illegible] No. 948

(NOTE: The above MUST BE SIGNED BY [illegible] EMBALMER in his OWN HANDWRITING. [illegible] to comply with the above regulation constitutes grounds for revocation of license.)