

REC'D DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Chariton Registration District No. 176  
Township Sumner Primary Registration District No. 5244  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 38907  
Registered No. 15

2. FULL NAME

212 Stillborn Ausbaugh

(a) Residence, No. \_\_\_\_\_ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 0

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) Sumner Mo

13. NAME Chas R Ausbaugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethel Mo

15. MAIDEN NAME Hazel Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City Mo

17. INFORMANT (ADDRESS) Chas R Ausbaugh Sumner Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marceline DATE Nov 27 1938

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Nov 27 1938 Reed Turner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 26 1938 to Nov 26 1938  
I last saw him alive on Nov 24 1938 Death is said to have occurred on the date stated above, at 12 a 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? no

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 Chas R Lewis, M. D.  
(Signed) \_\_\_\_\_

835 (Address) Sumner Mo

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12/9/38