

REC'D FEB 21 1939

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

2015

REC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH  
24 County Clay Registration District No. 201  
5 Township Liberty Primary Registration District No. 5280  
1 City Liberty (No. 425) Choctaw St. 4th Ward

2. FULL NAME Stillbirth  
(a) Residence, No. 425 Choctaw St., 4th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1939  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Liberty (STATE OR COUNTRY) Mo.

13. NAME John Jones

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

15. MAIDEN NAME Rena M. Kowalczyk

16. BIRTHPLACE (CITY OR TOWN) Liberty (STATE OR COUNTRY) Mo.

17. INFORMANT John Jones (ADDRESS) Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER None (ADDRESS)

20. FILED 2/4 19 9 E. T. Brant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1939  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Premature Birth  
3 mos. Fractures  
Date of onset

Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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 \_\_\_\_\_  
(Signed) Ruston Malby M. D.  
(Address) Liberty 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.

