

MAR 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County Ripley
Township Harris
City Stillborn (No. _____)

Registration District No. 750
Primary Registration District No. 5991

File No. 7627
Registered No. _____
St. _____ Ward _____

2. FULL NAME Stillborn

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1939 to February 22, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 22, 1939

I last saw h. alive on Stillborn 3/22/1939 Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

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

Premature detachment of placenta

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley County Missouri

Other contributory causes of importance:
Improper management of 1st and 2nd stages of labor by John Robert Dumb, M.D. I was called

13. NAME Thorne Brown

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley County Missouri

15. MAIDEN NAME Katie Stillborn

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Jefferson

17. INFORMANT Thorne Brown (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Family Cem DATE 2-22-39

19. UNDERTAKER None (ADDRESS)

20. FILED 2-23-39 E. B. Johnston Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) E. B. Johnston, M. D. (Address) St. Louis, Mo.

Exact statement of OCCUPATION is very important.

