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

REC'D APR 13 1939

11663
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid
(b) Township Anderson
(c) City Gideon Mo
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 55
Primary Registration District No. 4033
Registered No. 1364

2. PRINT FULL NAME 2110 Still Birth
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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): 3-18-39
7. AGE: YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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): Gideon Mo

FATHER
13. NAME: H. Ray Vessel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Campbell Mo

MOTHER
15. MAIDEN NAME: Potter Pat
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gideon Mo.

17. INFORMANT (ADDRESS): Ray Vessel Gideon Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanfield DATE 3-18 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS)
20. FILED April 10 1939 M. V. Mumma Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-18, 1939
22. I HEREBY CERTIFY, That I attended deceased from mother on 3-18, 1939, to at Still Birth, 19..
I last saw h... alive on 3-18, 1939. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:
Detached Placenta

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) Geo. Fulkerson, M. D.
541 (Address) Gideon Mo

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.