Birth
2 05 APR 11 1939

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

12128
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois — Registration District No. 775
(b) Township Perry — Primary Registration District No. 6070 A — Registered No. 24
(c) City Bonne Terre Mo (d) Street No. Bonne Terre Hospital 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.

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2. PRINT FULL NAME Myron David Olmsted (Stillborn)
(a) Residence, No. Bonne Terre Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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): March 23, 1939
7. AGE: YEARS 0 MONTHS 0 DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
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): Bonne Terre Missouri

FATHER
13. NAME: Myron G. Olmsted
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

MOTHER
15. MAIDEN NAME: Leona Cox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Ville Missouri

17. INFORMANT (ADDRESS): Myron G. Olmsted Bonne Terre Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: B. T. Cemetery DATE: March 23, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Benham Und Co Bonne Terre Mo
20. FILED: Mar. 23, 1939 — N. W. Hawkins, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 23, 1939, to March 23, 1939
I last saw him still born alive on March 23, 1939. Death is said to have occurred on the date stated above, at 2:07 a.m.
The principal cause of death and related causes of importance were as follows:

Still-born.
At full time and due to prolapse of cord.

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 —
(Signed) David Smith, M. D.
(Address) Bonne Terre, 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.