

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.

REC'D MAY 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Wells
City Osato (No. _____)

Registration District No. 420
Primary Registration District No. 3022

File No. 15221
Registered No. 23
St. _____ Ward _____

2. FULL NAME

21.3 Baby Stewart
(a) Residence, No. 292 S 5th St. Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

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

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

OCCUPATION 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 _____

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

FATHER 13. NAME R. W. Stewart

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

MOTHER 15. MAIDEN NAME Daisy Ann Masley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Cave Mo

17. INFORMANT (ADDRESS) R. W. Stewart Osato Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Apr. 6 1939

19. UNDERTAKER (ADDRESS) Donald B. Dittler

20. FILED 5-5 1939 Jeneva Souell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6 1939, to April 6 1939

I last saw h. stillborn alive on stillborn 19 1939 Death is said to have occurred on the date stated above, at 4:30 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 none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) T. A. V. McPherson, M. D.

(Address) Edgar Bldg. Osato, Mo.

