

1939 JUN 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin

Registration District No. 282

File No. 18522

Township

Primary Registration District No. 4166

Registered No. 7

City Campbell

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-8-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .O...hrs. or .O...min.  
0 0 0

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) Campbell (STATE OR COUNTRY) Mo.

13. NAME Thos Carl Waller

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

15. MAIDEN NAME Katherine Hortense Gallyon

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

17. INFORMANT Hardin Gallyon (ADDRESS) Campbell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardfield Cem DATE 5-9-39

19. UNDERTAKER H. Gallyon (ADDRESS) Campbell Mo.

20. FILED 7/9 1939 E. W. Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8, 1939

22. I HEREBY CERTIFY, That I attended deceased at birth, 1939, to \_\_\_\_\_, 1939.

Last seen alive on \_\_\_\_\_, 1939. Death is said to have occurred on the date stated above, at 1:30 m.

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

Ruptured umbilical cord happened during traction

Date of onset \_\_\_\_\_

Other contributory causes of importance:

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 \_\_\_\_\_, 1939.

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) J. B. Steining M. D.  
Clarkston Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-20-36 I X7044

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.

RECEIVED

District Health Officer No. 3,

District File Number

39-345

Date Filed

6/7/39