

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

19659
 Do not use this space.

REG'D JUN 13 1939

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 222
 (b) Township Randolph Primary Registration District No. 6024C
 (c) City Elvins (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.

2. PRINT FULL NAME 200 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/16/39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Born dead
 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) Elvins (STATE OR COUNTRY) Missouri
 FATHER 13. NAME John Weiss
 14. BIRTHPLACE (CITY OR TOWN) Iron Mountain (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Ellen Mills Ashby
 16. BIRTHPLACE (CITY OR TOWN) Mound City (STATE OR COUNTRY) Illinois
 17. INFORMANT John Weiss (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cemetery DATE 5/16/39
 19. FUNERAL DIRECTOR John Weiss (ADDRESS) _____
 20. FILED 5-31 1939 C. B. Hoover Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/39 19____
 22. I DO CERTIFY, That I attended deceased from 5/16/39 19____ to 5/16/39 19____
 I last saw Born dead 5/16 1939. Death is said to have occurred on the date stated above, at 6 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 _____ 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?
 If so, specify _____
 (Signature) A. M. Starfield
 (Address) 697 Farmington, Mo.

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, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____
_____ Licensed Embalmer No. _____

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.)