AUG 11 1939

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

Do not use this space.

25984

1. PLACE OF DEATH
County Jasper — Registration District No. 416
Township Sarcoxie — Primary Registration District No. 55718
City 613 (No. ..., ... St. ..... Ward)

File No. .....
Registered No. .....

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 F
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) July 25, 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 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) Sarcoxie Township Missouri

FATHER
13. NAME Daniel L. Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Missouri

MOTHER
15. MAIDEN NAME Juanita Conness
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neosho Missouri

17. INFORMANT (ADDRESS) Daniel L. Griffith Sarcoxie, Mo

18. BURIAL, CREMATION, OR REMOVAL Carterville Cemetery DATE 7/26 39

19. UNDERTAKER (ADDRESS) Engelage Funeral Home Sarcoxie Mo

20. FILED 7/26 1939 Mrs Chas Barnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw her dead on July 25, 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:

Stillborn at 8:25 P.M.

Date of onset

Other contributory causes of importance:
Malnutrition of the Mother & overstrain.

Name of operation ..... 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~~? ..... 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) H. E. Regier D.O.
(Address) Sarcoxie, 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.