

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

Do not use this space.

33707

1. PLACE OF DEATH

County Stone. Registration District No. 1033.
 Township Pine. Primary Registration District No. 6113.
 City (No.) St. Ward

File No. 33707
 Registered No. _____

2. FULL NAME Stillborn.

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS 5 MONTHS About 8 1/2 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

Breach presentation. Infant partly born sometime before physician arrived at the home.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

Other contributory causes of importance:

FATHER 13. NAME Floyd Delano McCreary

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Macie Jones.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Floyd Delano McCreary. (ADDRESS) Blue Eye, Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Eye Cemetery DATE 22 1939

Nature of injury _____

19. UNDERTAKER none (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

20. FILED Sept 22, 1939 Chester D. Scott Registrar.

(Signed) G. B. Miller M. D.
 (Address) Blue Eye, Mo.

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. 6,

District File Number 1039-2109

Date Filed OCT 13 1939