

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Union
City Sheridan

Registration District No. 904
Primary Registration District No. 4546

File No. 33832
Registered No. _____
St. _____ Ward _____

2. FULL NAME

140 Still Born

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 - 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Sept 9, 1939
I last saw h. Still Born, 1939. Death is said to have occurred on the date stated above, at 2 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1939

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

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

Still Born Date of onset _____

8. Trade, profession, or particular kind of work done, as splainer, 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 _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Sheridan, Mo
(STATE OR COUNTRY)

13. NAME Garland Homer Noble

Name of operation _____ Date of Sept 9
What test confirmed diagnosis? infected Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) New Hampton, Mo.
(STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Juanita LaFerne Sumner

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

16. BIRTHPLACE (CITY OR TOWN) Albany, Mo
(STATE OR COUNTRY)

17. INFORMANT Garland Noble
(ADDRESS) Sheridan, Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Cornack, Mo DATE Sept 11, 1939

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

19. UNDERTAKER W Adams Farnell
(ADDRESS) Mo

(Signed) W Adams Farnell, M. D.
(Address) Sheridan, Mo

20. FILED Sept. 11, 1939 Mrs. C. H. Bond
Registrar.

Every record of information available to certify supplied. Do not show as stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 11,

District File Number 1039-1257

Date Filed OCT 6 1939