

NOV 24 1939

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

37382
Do not use this space.

1. PLACE OF DEATH

(a) County Liberty Registration District No. 836
 (b) Township Liberty Primary Registration District No. 498A
 (c) City Berlin (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 4 yrs. 3 mos. 1 ds. (f) How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. PRINT FULL NAME Stillborn Bludsoe

(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1939

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>

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. Infant
 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) Toddard Co. Missouri

FATHER

13. NAME W. M. Bludsoe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toddard Co. Missouri

MOTHER

15. MAIDEN NAME Ruby Pierce
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toddard Co. Missouri

17. INFORMANT (ADDRESS) W. M. Bludsoe
Berlin Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Berlin Cemetery DATE Oct 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home
Berlin Mo

20. FILED 1003 19 39 Toddard Hosp
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1939, to Oct 29, 1939.
 I last saw him _____ alive on _____, 19____. 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:
Dysstasia
Low energy organism
as a result of infection

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 _____, 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) Stillborn, M. D.
 (Address) Berlin, 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.

RECEIVED

District Health Officer No. 2,

District File Number 1139-324

Date Filed 11-7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.