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

DEC 16 1939

Do not use this space.

File No. 40147

Registered No.

1. PLACE OF DEATH
County: Lawrence — Registration District No. 4 6 4
Township: Jackson — Primary Registration District No.
City (No. St. Ward)

2. FULL NAME: Unnamed, Stillbirth

(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: M
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): Nov. 30 - 1939

7. AGE: YEARS — MONTHS — DAYS — 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): Conco Mo

FATHER
13. NAME: Duncan Shaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conco Mo.

MOTHER
15. MAIDEN NAME: Lola Mae Kinnan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lafiga Col Jade.

17. INFORMANT (ADDRESS): Mrs. Duncan Shaw Conco Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: on premises DATE: 11-30-1939

19. UNDERTAKER (ADDRESS): Family Conco Mo

20. FILED: Dec-7 1939 Ruby Tennington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 30 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30. 1939 to Nov. 30 1939
I last saw h alive on , 1939. Death is said to have occurred on the date stated above, at 1:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth 5th Month gestation	

Other contributory causes of importance:

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) O H Dagnon, M. D.
(Address) Lilex Mo.

AFTER FILING, this certificate should be returned by registrar to sender. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.