

STANDARD CERTIFICATE OF BIRTH
(COMBINATION BIRTH AND DEATH CERTIFICATE)

State File No.

40380

Registration District No.

609

Primary Registration District No.

4363

Registrar's No.

1. PLACE OF STILLBIRTH

- (a) County Newton 1
- (b) City or town Neosho
(If outside city or town limits, write RURAL and name of township)
- (c) Name of hospital or institution:
Sale - Bowman Hospital
(If not in hospital or institution, give street number or location)
- (d) Mother's stay before delivery in hospital or institution
(Specify whether years, months or days)

2. USUAL RESIDENCE OF MOTHER

- (a) State Missouri 1
- (b) County Newton
- (c) City or town Neosho
(If outside city or town limits, write RURAL)
- (d) Street No. 414 Lincoln St.
(If rural, give location)

PRINT

3. Full name of child

336 not named

4. Date of stillbirth

Nov. 8 1939
(Month) (Day) (Year)

5. Sex:

male

6. Twin or

triplet

If so—born 1st,

2d, or 3d

7. Number months of pregnancy

6 mon.

8. Is mother married?

yes.

PRINT

FATHER OF CHILD

9. Full name Wesley Studdard
10. Color or race White
11. Age at time of this birth 39 yrs.
12. Birthplace Mountain View Ark
(City, town, or county) (State or foreign country)
13. Usual occupation Carpenter
14. Industry or business Put with Co.

PRINT

MOTHER OF CHILD

15. Full maiden name Bertha Thompson
16. Color or race White
17. Age at time of this birth 30 yrs.
18. Birthplace Mountain View Ark
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. Children born to this mother: (Not including this stillbirth)

- (a) How many children of this mother are now living? 5
- (b) How many children were born alive but are now dead? 1
- (c) How many other children were born dead? 1

22. Mother's usual mailing address

414 Lincoln St.
Neosho, Mo.23. Did child die before labor? yes During labor? no24. Pregnancy, complications of none

25. Labor: (a) Complications of

(b) Induced?

26. (a) Was there an operation for delivery? no
(Yes or No)

(b) State all operations, if any

(c) Did child die before operation? or during operation?

29. (a) Informant Wesley Studdard(b) Address Neosho, Mo30. (a) Burial, cremation, or removal (b) Date
(Month Day Year)

(c) Place of burial or cremation

31. (a) Signature of funeral director Wesley Studdard
(Family)

(b) Address

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.)

- (a) Fetal causes Placenta Praevia
- (b) Maternal causes

28. I hereby certify that I attended the birth of this child who was born dead at the hour of 6 m. on the date above stated.Signature Orval R. Sale, M.D.
(Specify if M.D., midwife or other)Address Neosho, Mo.

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth

(b) Signature Title

33. Date filed with local registrar Nov. 8 193934. Registrar's own signature Orval R. Sale, M.D.WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2579

Date Filed DEC 15 1939

RECEIVED

District Health Officer No. 6,

District File Number 1239-4352

Date Filed DEC 13 1939