

DEC 18 1939

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

Do not use this space.

40950

1. PLACE OF DEATH

County Scotland
Township Harrison
City Garion (No. 163)

Registration District No. 809
Primary Registration District No. 4487

File No.
Registered No.
St. Ward)

2. FULL NAME

Stillborn

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 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) 11-21-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0

FATHER 13. NAME Dean M. Buford 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Naomi L. Newman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 0

17. INFORMANT (ADDRESS) Dean M. Buford

18. BURIAL, CREMATION, OR REMOVAL PLACE Garion Cemetery Nov 27 1939

19. UNDERTAKER (ADDRESS) Gerth & Barnett

20. FILED Nov 29 1939 Mrs. Richard E. Shackelford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1939

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... Death is said

I last saw h. alive on 19... Death is said

to have occurred on the date stated above, at... m.

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

There was that in umbilical cord and child died during labor that fighting cutting off blood supply
Other contributory causes of importance:

Date of onset

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) F. M. Lawrence M. D.

(Address) Garion 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. 10

District File Number 12-39-2105

Date Filed DEC 8 1939