

42612

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF STILLBIRTH

(COMBINATION BIRTH AND DEATH CERTIFICATE)

State File No. _____

JAN 15 1940

Registration District No. 13 Primary Registration District No. 5016 Registrar's No. 1

1. PLACE OF STILLBIRTH:

(a) County Andrew

(b) City or town Rural - Rodaway Sway
(If outside city or town limits, write RURAL and name of township)

(c) Name of hospital or institution: 2
(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 Mo

(b) County Andrew

(c) City or town Rural Rodaway Sway
(If outside city or town limits, write RURAL)

(d) Street No. _____ (If rural, give location)

3. Full name of child Baby Blivins

5. Sex: Female

6. Twin or _____ **If so—born 1st,** _____
triplet _____ 2d, or 3d. 2nd

7. Number months of pregnancy 5

4. Date of stillbirth Dec 18 39
(Month) (Day) (Year)

8. Is mother married? yes

PRINT **FATHER OF CHILD**

9. Full name Robert E. Blivins

10. Color or race White **11. Age at time of this birth** 25 yrs.

12. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

13. Usual occupation CC

14. Industry or business _____

PRINT **MOTHER OF CHILD**

15. Full maiden name Margaret Lee Munden

16. Color or race White **17. Age at time of this birth** 20 yrs.

18. Birthplace Savannah Mo
(City, town, or county) (State or foreign country)

19. Usual occupation Self

20. Industry or business Same

21. Children born to this mother: (Not including this stillbirth) 2

(a) How many children of this mother are now living? 2

(b) How many children were born alive but are now dead? _____

(c) How many other children were born dead? _____

22. Mother's usual mailing address Savannah Mo

23. Did child die before labor? no **During labor?** _____

24. Pregnancy, complications of no

25. Labor: (a) Complications of no **(b) Induced?** no

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

(b) State all operations, if any. none

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

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

(a) Fetal causes ?

(b) Maternal causes ?

28. I hereby certify that I attended the birth of this child who was born dead at the hour of 11:15 m. on the date above stated.

Signature Clifford A. Steedly DO
(Specify if M.D., midwife or other)

Address Savannah Mo

29. (a) Informant Mother

(b) Address Savannah Mo

30. (a) Burial, cremation, or removal Burial **(b) Date** 12/18/39
(Month Day Year)

(c) Place of burial or cremation Home

31. (a) Signature of funeral director None

(b) Address _____

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

(b) Signature _____ **Title** _____

33. Date filed with local registrar Dec 27-39

34. Registrar's own signature Mrs. Jennie Rash

MARGIN RESERVED FOR BINDING

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

Mo. 140
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RECEIVED

District Health Officer No. 117

District File Number 140-2603 (with) 140-1892 (death)

Date Filed JAN 12 1940