See also 43884 Rm 3 40

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 3 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF STILLBIRTH

(COMBINATION BIRTH AND DEATH CERTIFICATE)

State File No. 43885

Registration District No. 480 Primary Registration District No. 5645 Registrar's No. 24

1. PLACE OF STILLBIRTH:
(a) County: LEWIS
(b) City or town: UNION TWP
(If outside city or town limits, write RURAL and name of township)
(c) Name of hospital or institution: N
(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: ILLINOIS
(b) County: COOK
(c) City or town: CHICAGO
(If outside city or town limits, write RURAL)
(d) Street No.: 4017 WEST MELROSE
(If rural, give location)

PRINT
3. Full name of child: STILL BIRTH
4. Date of stillbirth: NOV 13, 1939 (Month) (Day) (Year)
5. Sex: MALE
6. Twin or triplet. If so—born 1st, 2d, or 3d.
7. Number months of pregnancy: 5½
8. Is mother married?: YES

FATHER OF CHILD

PRINT
9. Full name: JAMES BARKER
10. Color or race: WHITE 11. Age at time of this birth: 22 yrs.
12. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)
13. Usual occupation: PIPE FITTER
14. Industry or business: STEAM

MOTHER OF CHILD

PRINT
15. Full maiden name: OMA LEE BOYER
16. Color or race: WHITE 17. Age at time of this birth: 24 yrs.
18. Birthplace: LA GRANGE MO (City, town, or county) (State or foreign country)
19. Usual occupation: INSPECTOR
20. Industry or business: RADIO CABINETS

21. Children born to this mother: (Not including this stillbirth) 0
(a) How many children of this mother are now living? 0
(b) How many children were born alive but are now dead? 0
(c) How many other children were born dead? 0

22. Mother's usual mailing address:
4017 WEST MELROSE
CHICAGO.
ILL

23. Did child die before labor? YES During labor?
24. Pregnancy, complications of: NONE
25. Labor: (a) Complications of
(b) Induced? NO
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?

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: SEPERATION OF PLACENTA

28. I hereby certify that I attended the birth of this child who was born dead at the hour of 9:10 p.m. on the date above stated.
Signature: W F Elley M.D. (Specify if M.D., midwife or other)
Address: La Grange MO

29. (a) Informant: OMA LEE BARKER
(b) Address: CHICAGO, ILL.
30. (a) Burial, cremation, or removal (b) Date (Month Day Year)
(c) Place of burial or cremation: DISPOSED OF BY FAMILY
31. (a) Signature of funeral director
(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: Nov. 14, 1939
34. Registrar's own signature

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

WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED
District Health Officer No. 10
District File Number 12-39-2228
Date Filed DEC 26 1939