WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

SEP 18 1936

1. PLACE OF DEATH
County: Callaway
Township: Fulton
City: (No. , St. Ward)

Registration District No.: 104
Primary Registration District No.: 5358

File No.: 48757
Registered No.: 270

2. FULL NAME: Stillborn Female Infant Creacy

(a) Residence, No.: RFD #8 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: Female
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): 8/23/36

7. AGE: Years: Stillborn 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.: None
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): Fulton RFD #8 Mo.

FATHER
13. NAME: Marvin Monroe Creacy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fulton, Mo.

MOTHER
15. MAIDEN NAME: Nannie Alice Karney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway County, Mo.

17. INFORMANT: Nannie Alice Creacy
(ADDRESS) Fulton RFD #8

18. BURIAL, CREMATION, OR REMOVAL
PLACE: In garden at Home DATE: 8/23, 1936

19. UNDERTAKER: Father — Marvin M. Creacy
(ADDRESS) Fulton RFD #8

20. FILED: Aug 25 1936 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/23, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1936, to 8/23, 1936
I last saw her alive on 8/23, 1936. Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn Premature (5 months gestation)	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No.
If so, specify
(Signed) Henry Quist, M. D.
(Address) 610 Court, Fulton, Mo.