Still Born

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

Do not use this space.

17435

MAY 31 1937

1. PLACE OF DEATH

93 County St. Clair — Registration District No. 766 — File No.

Township Roscoe — Primary Registration District No. 6011 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Unnamed Williams

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Apr. 21, 1937

7. AGE — YEARS — MONTHS — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) St. Clair Co. Mo.

FATHER

13. NAME Eula Floyd Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardyville Kentucky

MOTHER

15. MAIDEN NAME Addie Mallicoat

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roscoe Mo.

17. INFORMANT (ADDRESS) Eula F. Williams, Eldorado Springs Mo. R.

18. BURIAL, CREMATION, OR REMOVAL — PLACE Benton Green — DATE May 2, 1937

19. UNDERTAKER (ADDRESS) F. B. Goodrich, Roscoe, Missouri

20. FILED May 6, 1937 Mary F. B. Goodrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1937, to Apr 22, 1937. I last saw h.. alive on Apr. 22, 1937. Death is said to have occurred on the date stated above, at 12:00 N m.

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

	Date of onset
Premature Birth	
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Other contributory causes of importance: unknown

Name of operation None Date of

What test confirmed diagnosis? Premature birth Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) J. W. Richardson, M. D.

(Address) Appleton 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.