

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.

REC'D APR 18 1938

1. PLACE OF DEATH

County Camden
Township Angloize
City (No. _____) _____

Registration District No. 275
Primary Registration District No. 5170B

File No. 10321
Registered No. _____

2. FULL NAME

Unnamed Stillborn

(a) Residence, No. _____ 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 <u>Girl</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 21 1938</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Co. Mo.</u>		
13. NAME <u>Lester Eaken</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camden Co. Mo.</u>		
15. MAIDEN NAME <u>Viola Marie Stansbery</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Lester Eaken Richland Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beulah Cemetery</u> - DATE <u>March 22 1938</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>3. 28. 1938 Mrs. M. Paul Mooney Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) About March 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to March 21, 1938.
I last saw her alive on March 21, 1938. Death is said to have occurred on the date stated above, at Unknown.
The principal cause of death and related causes of importance were as follows:
Unknown

Other contributory causes of importance:
Unknown

Name of operation None Date of _____
What test confirmed diagnosis? Red Side 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? _____
If so, specify _____
(Signed) Oweth A. Oliver, M. D.
Richland Mo. (Address)

