

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

Do not use this space.

RECD JUL 11 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22010

1. PLACE OF DEATH

County Hawell
Township Hawell
City..... (No..... St..... Ward)

Registration District No. 384
Primary Registration District No. 1731

File No.....
Registered No.....

2. FULL NAME

Stilborn

45.2

(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 M 4. COLOR OR RACE W - 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-14-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. ✓

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) Hess Plains, Mo

13. NAME Ed Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmers, Mo

15. MAIDEN NAME Barab Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmers, Mo

17. INFORMANT (ADDRESS) Ed Williams

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Laurelton Cem June 14 - 1938

19. UNDERTAKER (ADDRESS) Melvin G. Galt

20. FILED 6-14 1938 Vida W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1938

22. I HEREBY CERTIFY, that I attended deceased from June 4 1938 to June 14 1938
I last saw h. Ed Williams Death is said to have occurred on the date stated above, at 3 a. m.
The principal cause of death and related causes of importance were as follows:

Stilborn Date of onset 6/14/38
Other contributory causes of importance: ✓

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) C. D. Gantt, M. D.
(Address) Ness Plains, Mo

344

