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.

REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County Wayne — Registration District No. 892 — File No. 23198
Township Lost Creek — Primary Registration District No. 6189 — Registered No. 29
City Tasker (No. ..., ..., St. ..., Ward)

2. FULL NAME Still Born Baby Prewitt (6 ...)
(a) Residence, No. Greenville 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 Male
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21 1938
7. AGE YEARS ✓ 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.
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) Tasker Mo
FATHER
13. NAME Elva Prewitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emmanuel Mo
MOTHER
15. MAIDEN NAME Eleen McGee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Romeo Mo
17. INFORMANT (ADDRESS) Elva Prewitt Greenville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cool Spring Cem DATE 6/21/38 19
19. UNDERTAKER (ADDRESS) None
20. FILED June 22, 1938 Mrs. Hattie McGhee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m?
The principal cause of death and related causes of importance were as follows:
I attended the birth of this baby which was still-born.
Date of onset
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) O. A. Myers, M. D.
(Address) Greenville, Mo.