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 AUG 26 1938

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

Do not use this space.

26361

1. PLACE OF DEATH
County St Charles — Registration District No. 756
Township Portage Des Sioux Mo — Primary Registration District No. 5927
City ..... (No. ....., ... St. ..... Ward)

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

2. FULL NAME 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: X
4. COLOR OR RACE: white
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) July 4 1938

7. AGE — YEARS — MONTHS: Stillborn — 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) Near Orchard Farm Mo. St, Charles Co,

FATHER
13. NAME Harry Tiesing
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black Walnut Mo, St, Charles Co.

MOTHER
15. MAIDEN NAME Pearl Klinghammer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage Des Sioux Mo.

17. INFORMANT (ADDRESS) Harry Tiesing St, Charles Mo, R.R. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Orchard Farm Mo DATE July 4, 1938 Luthern Cem.

19. UNDERTAKER (ADDRESS) Harry Tiesing (Father)

20. FILED July 9, 1938 Rose Barnard Sub, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 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 ..... a.m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:
Premature birth at 8 mo.
Eclampsia of mother.

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? No
If so, specify .....
(Signed) C. A. Barnard, M. D.
(Address) Portage Des Sioux, Mo