

REC'D SEP 16 1938

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

Do not use this space.

28155

1. PLACE OF DEATH

County Adair
Township
City Kirkville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 171
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Pickler Park 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 F 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) Aug 14 1938

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

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) Kirkville Mo.

13. NAME Carl Eiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Lizzie Marie Glaspie

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

17. INFORMANT Mrs. Carl Eiler (ADDRESS) Pickler Park

18. BURIAL, CREMATION, OR REPOYAL PLACE Kirkville Mo. DATE Aug 14 1938

19. UNDERTAKER Family (ADDRESS)

20. FILED Aug 19 1938 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1938 to same, 1938.

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows: Stillborn as the result of Abruptio Placentae

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 _____

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 A. P. Lully, D.O. (Signed) _____ M. D. (Address) P. O. S. Kirkville Mo.

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-49

Date Filed 9/14/38