REC'D JAN 23 1939

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

Do not use this space.

43704

File No.
Registered No.

1. PLACE OF DEATH
County Mc Donald
Township
City Bush Hospital Anderson mo (No. St. Ward)
Registration District No. 578
Primary Registration District No. 4574

2. FULL NAME (Infant Stillborn) (Unnamed)

(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 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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)

7. AGE — Years: Still Born; Months: 0; Days: 0; If LESS than 1 day, 0 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) Anderson 0 mo McDonald Co

FATHER
13. NAME W E Dixon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ritchie mo 0

MOTHER
15. MAIDEN NAME Jewell Yeager
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Ark

17. INFORMANT W E Dixon
(ADDRESS) Anderson mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE Nov 1 1938

19. UNDERTAKER Tom Johnson
(ADDRESS)

20. FILED 12-28 1938 Mrs Lee Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1938

22. I HEREBY CERTIFY That I attended deceased from Stillborn Infant, 19
I last saw h. alive on 19. 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:

Placenta Previa — 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) H B Bush D.O. M. D.
(Address) Anderson mo.

'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.