

REC'D JUN 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Wright

Registration District No. 907

Township Manchester

Primary Registration District No. 6220

City Manchester (No. 4597)

File No. 20097

Registered No. 11

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Stellborn

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. Stellborn 0 0

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) Manchester Mo.

13. NAME Henry Lester Cantrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Mo.

15. MAIDEN NAME Pearl Kelling Rice

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

17. INFORMANT (ADDRESS) Mrs Pearl Cantrell (mother) Manchester, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home

DATE May 16 1939

19. UNDERTAKER (ADDRESS)

20. FILED May 1 1939 J. M. D. Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Stellborn, 19\_\_\_\_, to 11 A.M. May 16, 1939. I that saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

(Abortion)  
Stellborn

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 Dr. J. M. D. Short M. D.

(Address) Manchester 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.

RECEIVED

District Health Officer No. 8,

District File Number 6-6-39-1189

Date Filed JUN 7 1939