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.

DEC 13 1939

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

Do not use this space.

File No. 39192

Registered No. 309

1. PLACE OF DEATH

County Callaway

Township Bourbon

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 104

Primary Registration District No. 5156

2. FULL NAME Still born infant of Wilford Blythe

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Black	Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still born infant

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

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	0	0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Stephens Missouri 0

FATHER

13. NAME Wilford Blythe 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stephens Missouri 1

MOTHER

15. MAIDEN NAME Hellen May Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotts Bluff Nebraska

17. INFORMANT Wilford Blythe
(ADDRESS) Stephens, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stephens, Mo. DATE Nov 20 1939

19. UNDERTAKER Wilford Blythe - Father
(ADDRESS)

20. FILED Nov. 22 1939. R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1939 19

22. I HEREBY CERTIFY, That I attended deceased from November 20 1939, to Nov 20 1939, 19 ..... I last saw him 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:

	Date of onset
Suffocated in utero	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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. B. Nichols M. D.

(Address) Auxvasse Missouri