

STANDARD CERTIFICATE OF STILLBIRTH  
(COMBINATION BIRTH AND DEATH CERTIFICATE)

State File No. **39803**

DEC 15 1939

Registration District No. **384** Primary Registration District No. **4227** Registrar's No. \_\_\_\_\_

**1. PLACE OF STILLBIRTH:**  
 (a) County **Howell**  
 (b) City or town **West Plains, Mo.**  
(If outside city or town limits, write RURAL and name of township)  
 (c) Name of hospital or institution:  
**Cottage Hospital**  
(If not in hospital or institution, give street number or location)  
 (d) Mother's stay before delivery in hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF MOTHER:**  
 (a) State: **MISSOURI**  
 (b) County: **Howell**  
 (c) City or town: **West Plains,**  
(If outside city or town limits, write RURAL)  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)

**3. Full name of child:** **Priscilla Dean Maulden**  
**4. Date of stillbirth:** **Nov 6, 1939**  
(Month) (Day) (Year)  
**5. Sex:** **Female**  
**6. Twin or triplet:** \_\_\_\_\_  
If so—born 1st, 2d, or 3d.  
**7. Number months of pregnancy:** **9**

**8. Is mother married?** **yes**

**FATHER OF CHILD**  
**9. Full name:** **Lloyd Maulden**  
**10. Color or race:** **White**  
**11. Age at time of this birth:** **32** yrs.  
**12. Birthplace:** **Mammoth Spring, Ark.**  
(City, town, or county) (State or foreign country)  
**13. Usual occupation:** **Truck Driver**  
**14. Industry or business:** **Reddish Truck Co.**

**MOTHER OF CHILD**  
**15. Full maiden name:** **Martha Fulton**  
**16. Color or race:** **White**  
**17. Age at time of this birth:** **25** yrs.  
**18. Birthplace:** **Howell County, Missouri**  
(City, town, or county) (State or foreign country)  
**19. Usual occupation:** \_\_\_\_\_  
**20. Industry or business:** **House**

**21. Children born to this mother: (Not including this stillbirth)**  
 (a) How many children of this mother are now living? **1**  
 (b) How many children were born alive but are now dead? \_\_\_\_\_  
 (c) How many other children were born dead? **none**

**22. Mother's usual mailing address:**  
**West Plains, Mo.**

**23. Did child die before labor?** **yes** **During labor?** **yes**  
**24. Pregnancy, complications of:** **none**  
**25. Labor: (a) Complications of:** **prolonged second stage 1 1/2 hrs.**  
**(b) Induced?** **no**  
**26. (a) Was there an operation for delivery?** **no**  
(Yes or No)  
**(b) State all operations, if any:** \_\_\_\_\_  
**(c) Did child die before operation?** \_\_\_\_\_ **or during operation?** \_\_\_\_\_

**27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):**  
 (a) Fetal causes: **asphyxia - Cerebral hemorrhage?**  
 (b) Maternal causes: **long 2<sup>nd</sup> stage**  
**28. I hereby certify that I attended the birth of this child who was born dead at the hour of **6:45** a.m. on the date above stated.**  
 Signature: **Erba Bohner, M.D.**  
(Specify if M.D., midwife or other)  
 Address: **West Plains, Mo.**

**29. (a) Informant:** **Lloyd Maulden**  
**(b) Address:** **West Plains, Mo.**  
**30. (a) Burial, cremation, or removal:** **Burial** **(b) Date:** **Nov. 6, 1939**  
(Month Day Year)  
**(c) Place of burial or cremation:** **West Plains, Mo.**  
**31. (a) Signature of funeral director:** **Hal Thourbough**  
**(b) Address:** **West Plains, Mo.**

**32. (a) Statement of local registrar or coroner if physician was not present at stillbirth:** \_\_\_\_\_  
**(b) Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**33. Date filed with local registrar:** **11-6-1939**  
**34. Registrar's own signature:** **Vida W. SIMONS**

WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REMAIN RESERVED FOR BINDING

RECEIVED

District Health Officer No. 5,

District File Number. 1239443

Date Filed : 12839