

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF STILLBIRTH
(COMBINATION BIRTH AND DEATH CERTIFICATE)

State File No. _____

Registration District No. 609 Primary Registration District No. 4363 Registrar's No. _____

1. PLACE OF STILLBIRTH:
(a) County Merion
(b) City or town Neosho
(c) Name of hospital or institution: Sale-Boroman Hospital
(d) Mother's stay before delivery in hospital or institution about 5 hrs.

2. USUAL RESIDENCE OF MOTHER:
(a) State Missouri
(b) County Merion
(c) City or town Neosho
(d) Street No. N. Lafayette St.

3. Full name of child Ronald Southit
5. Sex: male
6. Twin or triplet: triplet

4. Date of stillbirth Nov 6, 1939
7. Number months of pregnancy 6 mon.
8. Is mother married? yes

FATHER OF CHILD
9. Full name Scott A. Southit
10. Color or race white
11. Age at time of this birth 39 yrs.
12. Birthplace Stotts City, Missouri
13. Usual occupation Painter and decorator
14. Industry or business _____

MOTHER OF CHILD
15. Full maiden name Kaye Hopkins
16. Color or race white
17. Age at time of this birth 19 yrs.
18. Birthplace Neosho, Missouri
19. Usual occupation housewife
20. Industry or business Home

21. Children born to this mother:
(a) How many children of this mother are now living? 1
(b) How many children were born alive but are now dead? 0
(c) How many other children were born dead? 0

22. Mother's usual mailing address General Delivery
Neosho, Missouri

23. Did child die before labor? yes During labor? _____
24. Pregnancy, complications of none
25. Labor: (a) Complications of _____
(b) Induced? _____
26. (a) Was there an operation for delivery? 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 Placenta previa
(b) Maternal causes _____
28. I hereby certify that I attended the birth of this child who was born dead at the hour of 7:45 p.m. on the date above stated.
Signature Donald A. Sale, M.D.
Address Neosho, Mo.

29. (a) Informant Mrs. Scott Southit
(b) Address General Delivery, Neosho, Mo.
30. (a) Burial, cremation, or removal _____ (b) Date _____
(c) Place of burial or cremation _____
31. (a) Signature of funeral director Dispensed of by Admity
(b) Address _____

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth _____
(b) Signature _____ Title _____
33. Date filed with local registrar Nov 7, 1939
34. Registrar's own signature Donald A. Sale, M.D.

WRITE PLAINLY—UNFADING BLACK INK—MAKE A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

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

RECEIVED

District Health Officer No. 6,

District File Number 1239-2580

Date Filed DEC 13 1939

RECEIVED

District Health Officer No. 6,

District File Number 1239-4353

Date Filed DEC 13 1939