

STANDARD CERTIFICATE OF STILLBIRTH  
(COMBINATION BIRTH AND DEATH CERTIFICATE)

State File No. \_\_\_\_\_

JAN 12 1940

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 2

1. PLACE OF STILLBIRTH:  
(a) County BUTLER  
(b) City or town POPLAR BLUFF  
(If outside city or town limits, write RURAL and name of township)  
(c) Name of hospital or institution:  
LUCY LEE 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 BUTLER  
(c) City or town POPLAR BLUFF  
(If outside city or town limits, write RURAL)  
(d) Street No. 1000 VALLEY  
(If rural, give location)

PRINT 607 CARL CECIL CARRAWAY  
3. Full name of child  
5. Sex: MALE 6. Twin or triplet triplet If so—born 1st, 2d, or 3d 2d  
7. Number months of pregnancy 9 mos.

4. Date of stillbirth 12-29-39  
(Month) (Day) (Year)  
8. Is mother married? Yes

PRINT FATHER OF CHILD  
9. Full name JAMES HOLLIS CARRAWAY  
10. Color or race White 11. Age at time of this birth 27 yrs.  
12. Birthplace POPLAR BLUFF, MISSOURI  
(City, town, or county) (State or foreign country)  
13. Usual occupation CARBONER  
14. Industry or business \_\_\_\_\_

PRINT MOTHER OF CHILD  
15. Full maiden name DAISY DELL  
16. Color or race White 17. Age at time of this birth 18 yrs.  
18. Birthplace GARWOOD, MISSOURI  
(City, town, or county) (State or foreign country)  
19. Usual occupation HOUSEWIFE  
20. Industry or business HOME

21. Children born to this mother: (Not including this stillbirth)  
(a) How many children of this mother are now living? 0  
(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 1000 VALLEY STREET  
POPLAR BLUFF, MISSOURI

23. Did child die before labor? \_\_\_\_\_ During labor? \_\_\_\_\_  
24. Pregnancy, complications of \_\_\_\_\_  
25. Labor: (a) Complications of \_\_\_\_\_ (b) Induced? \_\_\_\_\_  
26. (a) Was there an operation for delivery? \_\_\_\_\_ (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 \_\_\_\_\_  
(b) Maternal causes \_\_\_\_\_  
28. I hereby certify that I attended the birth of this child who was born dead at the hour of 9:00 m. on the date above stated.  
Signature J.W. [Signature]  
(Specify if M.D., midwife or other)  
Address POPLAR BLUFF, MO.

29. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
30. (a) Burial, cremation, or removal \_\_\_\_\_ (b) Date \_\_\_\_\_  
(Month Day Year)  
(c) Place of burial or cremation \_\_\_\_\_  
31. (a) Signature of funeral director \_\_\_\_\_  
(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 1/2/1940  
34. Registrar's own signature [Signature]

MARGIN RESERVED FOR BINDING

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.

