

STANDARD CERTIFICATE OF STILLBIRTH  
(COMBINATION BIRTH AND DEATH CERTIFICATE)State File No. 43181Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 1

## 1. PLACE OF STILLBIRTH:

- (a) County Cooper
- (b) City or town Boonville  
(If outside city or town limits, write RURAL and name of township)
- (c) Name of hospital or institution St. Joseph Hosp  
(If not in hospital or institution, give street number or location)
- (d) Mother's stay before delivery in hospital or institution 8 days  
(Specify whether years, months or days)

## 2. USUAL RESIDENCE OF MOTHER:

- (a) State MO
- (b) County Cooper
- (c) City or town Woodbridge  
(If outside city or town limits, write RURAL)
- (d) Street No. \_\_\_\_\_  
(If rural, give location)

PRINT 4-24 James Edward Woodbridge

3. Full name of child

4. Date of stillbirth sec 24, 1939  
(Month) (Day) (Year)

5. Sex: m

6. Twin or If so—born 1st, triplet 2d, or 3d

7. Number months of pregnancy 7

8. Is mother married? yes

PRINT FATHER OF CHILD

9. Full name Jesse Lee Woodbridge

10. Color or race w

11. Age at time of this birth 31 yrs.

12. Birthplace Woodbridge, MO  
(City, town, or county) (State or foreign country)

13. Usual occupation Construction supervisor

14. Industry or business Owner

PRINT MOTHER OF CHILD

15. Full maiden name Dorothy Burruss

16. Color or race w

17. Age at time of this birth 32 yrs.

18. Birthplace Miami, MO  
(City, town, or county) (State or foreign country)

19. Usual occupation Housewife

20. Industry or business Own Home

## 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? 0
- (c) How many other children were born dead? 0

## 22. Mother's usual mailing address

Woodbridge, MO

23. Did child die before labor? yes During labor? \_\_\_\_\_24. Pregnancy, complications of Eclampsia

25. Labor: (a) Complications of \_\_\_\_\_

(b) Induced? yes26. (a) Was there an operation for delivery? yes(b) State all operations, if any manual rotation(c) Did child die before operation? yes or during operation? \_\_\_\_\_29. (a) Informant Jesse L Woodbridge(b) Address Woodbridge, MO30. (a) Burial, cremation, or removal burial (b) Date 1-25-39  
(Month Day Year)(c) Place of burial or cremation Woodbridge, MO31. (a) Signature of funeral director Goodman-Bolter(b) Address Boonville, MO

## 27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):

- (a) Fetal causes stimulation from cord around neck
- (b) Maternal causes \_\_\_\_\_

28. I hereby certify that I attended the birth of this child who was born dead at the hour of 10:27 P on the date above stated.Signature T. C. Beckett MDAddress Boonville, MO  
(Specify if M.D., midwife or other)

32. (a) Statement of local registrar or coroner if physician was not present at stillbirth \_\_\_\_\_

(b) Signature \_\_\_\_\_ Title \_\_\_\_\_

33. Date filed with local registrar 1-25-4034. Registrar's own signature J. Cooper

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.

MARGIN RESERVED FOR DIVIDING

RECEIVED

District Health Officer No. 8,

District File Number

19/40

Date Filed