

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

Do not use this space.

JAN 15 1940

43568

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence (No. Sanitarium)

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 365  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 113 So. Fuller St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
0 0 0 0 0 0

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

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) Independence Mo.

13. NAME Barbara W. Close

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walnut City Mo.

15. MAIDEN NAME Wazel L. Vanderwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo.

17. INFORMANT Mother - Mrs. H. W. Close (ADDRESS) Independence Mo. 113 So

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 12-8 1939

19. UNDERTAKER Supt. Caplin - (ADDRESS) Ind. Sanitarium

20. FILED 12-8 1939 J. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1939, to Dec 7, 1939

I last saw him alive on Stillborn, 1939. Death is said to have occurred on the date stated above, at 11:49 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (6 mos gestation) Date of onset \_\_\_\_\_

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 \_\_\_\_\_, 1939

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Wm. L. Gubner M.D. M. D. (Address) Independence Mo.

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.

