

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 8179

PLACE OF DEATH
County Buchanan

Township _____
or
Village _____
or
City St. Joseph (NO. _____) Ward _____

Registration District No. 85 File No. _____

Primary Registration District No. 1601 Registered No. 274

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME May Stutz

PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH March 7th, 1913
(Month) (Day) (Year)

DATE OF BIRTH Sept, 1855
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 6th, 1912, to March 7th, 1913, that I last saw h^e alive on March 7th, 1913,

AGE 57 yrs. — mos. — ds. If LESS than 1 day — hrs. or — min.?

and that death occurred, on the date stated above, at 2:48 P.M.
The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) W-O

83 Pneumonia Exhaustive
(Duration) March mos. — ds.

BIRTHPLACE (City or town, State or foreign country) Germany

Contributory 2 weeks (SECONDARY) Abortion yrs. — mos. — ds.

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

(Signed) E. H. Trumbly M. D.
March 7th, 1913 (Address) St. Joseph, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 0 yrs. 9 mos. 1 ds. In the State Unknown mos. — ds.

(Informant) E. H. Trumbly M. D.

Where was disease contracted if not at place of death? _____

(ADDRESS) St. Joseph, Mo.

Former or usual residence Conception, Mo.

Filed McW9 3 W. Harrington REGISTRAR

PLACE OF BURIAL OR REMOVAL Conception Mo DATE OF BURIAL Mar 10 1913
UNDERTAKER Rock & Coak ADDRESS 2114 1/2 507

