

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

Do not use this space.

22142 <sup>a</sup>

**1. PLACE OF DEATH**

County Callis  
Township Green Ridge  
City..... (No. .... St. .... Ward)

Registration District No. 664  
Primary Registration District No. 5892

File No. ....  
Registered No. 18

**2. FULL NAME**

Char. Dean Stoddard

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
21 | 9 | 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Good  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pinola  
(STATE OR COUNTRY) Platt Co. Mo

10. NAME OF FATHER C. G. Stoddard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Platt Co. Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emma Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platt Co. Mo  
(STATE OR COUNTRY)

14. INFORMANT Mr. C. A. Stoddard  
(Address) Windsor Mo.

15. FILED 9/29 27 1927 G. R. Shelby REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1927

I HEREBY CERTIFY, That I attended deceased from July 17 1927 to July 23 1927  
(but I last ~~was~~ been alive on July 23, 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Ulcer of the duodenum  
1176  
1276  
1277 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Peritonitis - perforating ulcer of bowel (duration) yrs. mos. da. 2

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? NO  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Hite, M. D.  
7/24 1927 (Address) Green Ridge Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor Mo DATE OF BURIAL July 25 1927

20. UNDERTAKER W. E. Huston Windsor Mo. ADDRESS

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.

