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

22142-C

Do not use this space.

22142-C

1. PLACE OF DEATH
County Pettis Co
Township Green Ridge
City ..... (No. ..... St. ..... Ward)

Registration District No. 664
Primary Registration District No. 5882

File No. .....
Registered No. 17

2. FULL NAME Chas. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) Platt Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER C. A. Stoddard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Platt Co Mo
12. MAIDEN NAME OF MOTHER Mary E Porter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Platt Co Mo.

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

15. FILED 9/13, 1928, G. R. Shelley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ~~July 18~~ July 18, 1927, to July 23, 1927, that I last saw him alive on 7-30 July 23, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Thrown Auto
Toxemia
1960

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1190

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. A. Hite, M. D
7/23, 1927 (Address) By W. E. Huston
Chas. 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
ADDRESS: Windsor Mo

...y item of information should be carefully supplied. AGE should stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...MANENT RECOF
OCT 1 1928