SEP 27 1927

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

Do not use this space.

23746

1. PLACE OF DEATH
County Callaway,
Township ~~Fulton.~~
City Fulton. Mo.
Registration District No. 104
Primary Registration District No. 3008
File No.
Registered No. 173
(No. ..... St. ..... Ward)

2. FULL NAME Mrs. Olla Bell Stambaugh.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Clarence Stambaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16th 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	~~6~~ 7	12	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Daniel Ferguson.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.
12. MAIDEN NAME OF MOTHER Gillie Gilbert.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Va.

14. INFORMANT Clarence S Stambaugh.
(Address) R.F.D. Fulton. Mo.

15. FILED Aug 30 1927 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 28. 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1927, 19..., to Aug. 28th, 1927, 19..., that I last saw her alive on Aug. 27. 1927, 19..., and that death occurred, on the date stated above, at About 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac insufficiensy, asthma, cardiac type, with pregnancy, (full term) releive temporarily, by caesarian under local time 25 minutes.
(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY) toxemia, origin unknown.
(duration) yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 27th,
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? P.E. (Consultation).
(Signed) ~~Greene D. McCall~~ Call, M. D
, 19 (Address) Fulton 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: Ebenezer Ebinser Church,
DATE OF BURIAL: 3/30/27 19

20. UNDERTAKER: Herndon-Taylor Furn-Co
ADDRESS: Fulton, 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.