

SEP 30 1927

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

Do not use this space.

25227

1. PLACE OF DEATH

County..... Ray
Township.....
City..... Hardin (No..... St..... Ward.....)

Registration District No. 740
Primary Registration District No. 4442

File No.....
Registered No. 37
St..... Ward.....

2. FULL NAME

Delbert Berdell Stith

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | white | single

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

single6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 20 - 1896

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

31 | 6 | 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer) with parents

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Hardin Mo10. NAME OF FATHER Richard Thomas Stith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Margaret Grove

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Margaret Stith
(Address) Hardin Mo.

15. FILED Sept 19 27 Jno W Knipschild
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/25 1927

17. I HEREBY CERTIFY, That I attended deceased from 7/1 1926, to 8/25 1927 that I last saw h. l. alive on 8/25 1927, and that death occurred, on the date stated above, at 11:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

31 23R
57H (duration) yrs. 8 mos. da.

CONTRIBUTORY Chronic Arthritis
(SECONDARY) (duration) 6 yrs. 7 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W.A. Jenkins M. D., 19 (Address) Hardin, 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

Hardin Cem DATE OF BURIAL Aug 27 1927

20. UNDERTAKER

Jno W. Knipschild ADDRESS Hardin 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.

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