

OCT 24 1927

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan Registration District No. 86  
Township Washington Primary Registration District No. 5127  
City St. Joseph (No. Industrial City, St.          Ward         )

File No. 26602  
Registered No. 46

## 2. FULL NAME

(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 Female 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) Nov. 2, 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
7 10 4

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles S. Stagg  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa City, Iowa  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Myrtle I. Bonham  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph, Mo.  
(STATE OR COUNTRY)

14. INFORMANT Chas. S. Stagg  
(Address) St. Joseph, Mo.

15. FILE 9-7-27 W. B. Bausch  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 6 1927 to          19         , 19         , and that death occurred, on the date stated above, at 5.25 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia fever

730

CONTRIBUTORY (SECONDARY) Antero Polyomyelitis  
168 (duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF           
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS view of History of Diseases  
(Signed) J. P. Myers Coroner, M. D.  
Sept. 6 1927 (Address) St. Joseph, 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 Ashland Cemetery DATE OF BURIAL Sept. 8, 1927

20. UNDERTAKER Walter Meichoffer ADDRESS 1302 Faraon St

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.

