

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

Do not use this space.

37399
91

1. PLACE OF DEATH

County Lexington
Township Lexington
City Lexington (No.)

Registration District No. 461
Primary Registration District No. 5625

File No.
Registered No.
St. Ward)

2. FULL NAME

Finis M. Cord Stapleton

(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 or (or) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 9 1919

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
14	8	26	

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)
(c) Name of employer

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

Lexington Mo.

10. NAME OF FATHER

Mr. Stapleton

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

Lexington Mo.

12. MAIDEN NAME OF MOTHER

Mary Lillie Stapleton

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

Ky.

14.

INFORMANT William Stapleton
(Address) Lexington Mo.

15.

FILED Dec 5 1927
G. D. Cope
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 5 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 27, 1927, to Dec 9, 1927 that I last saw him alive on Nov 5, 1927, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Meningitis

CONTRIBUTORY (SECONDARY)

320

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH? DATE OF

..... WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. Taylor, M. D.

Dec 5, 1927 (Address) Lexington 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

Lexington Mo.

DATE OF BURIAL

Dec 7 1927

20. UNDERTAKER

Ernest Hegert

ADDRESS

Lexington 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.

1927

