

MAR 26 1928

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisTownship St. LouisCity King City (No.) St. Ward)Registration District No. 212Primary Registration District No. 4188File No. 4567Registered No. 5

2. FULL NAME

(a) Residence. No. St. Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 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)

Widow

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

John W. Stacy

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

Sept. 22 - 1884

7. AGE

YEARS 86 MONTHS 4 DAYS 15 If LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired housewife

(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) Jeffersonville Ind.

10. NAME OF FATHER

Benjamin Benoit

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER

Elizabeth Thaw

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ind.

14.

INFORMANT Mrs. P. D. Stahlerman
(Address) King City Mo.

15.

FILED Feb 9, 19 28 Am Paulite
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 7, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1928, to Feb. 6, 1928, that I last saw him alive on Feb. 6, 1928, and that death occurred, on the date stated above, at 4:20 p.m.

THE CAUSE OF DEATH* was as follows:

Chronic Bronchitis
99 B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

19. DID AN OPERATION PRECEDE DEATH? DATE OF ...

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? ?(Signed) W. H. Bortland, M. D.19 28 (Address) King City Mo.

*State the DISEASE CAUSING DEATH, or is 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

Oak Grove Cemetery Feb. 9, 1928

20. UNDERTAKER

H. H. Wilson King City, 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.

