R 23 1928

# 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. 85 — File No. 7921
Township — Primary Registration District No. 1001 — Registered No. 366
City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Birdie Almira Stillwell,
(a) Residence. No. St., Ward. Eagle Ville Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 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 Ralph Stillwell,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 24, 1900

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 27 | 4 | 28 | |

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) Harrison County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER John Grabill,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Emma Choate,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Ralph Stillwell
(Address) Eagleville, Mo.

15. FILED 3-22 1928 John G. [illegible] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-20- 1928, to 3-22 1928, that I last saw her alive on 3-21 1928, and that death occurred, on the date stated above, at 4:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
121A
121B
129 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Post operative 1 yr
Ruptured appendicitis & peritonitis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-21-28
WAS THERE AN AUTOPSY? No (4 ½)
WHAT TEST CONFIRMED DIAGNOSIS? Operative
(Signed) Paul Forgrave, M.D
, 19 (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: Highland Cemetery, Eagleville, Mo, Via Auto
DATE OF BURIAL: Mch. 24 1928

20. UNDERTAKER: Heaton-Bagole & Bowman by J. H. [illegible]
ADDRESS: 319 S. 10 St. Funeral Home

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.