

14494

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

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond

Registration District No. 744
Primary Registration District No. 30.35

File No.
Registered No. 43
St. Ward)

2. FULL NAME Junior Robert Stimelsky

(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) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/28/27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. ____ min.
0 7 25

8. OCCUPATION OF DECEASED

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

(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) Richmond Mo.10. NAME OF FATHER Stephen Stimelsky11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Poland12. MAIDEN NAME OF MOTHER Etta Mae Gates13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.14. INFORMANT Stephen Stimelsky
(Address) Richmond Mo.15. FILED 4/24/28 R. L. Hamilton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/23/28 19

17. I HEREBY CERTIFY, That I attended deceased from Apr 12 1928, to Apr 23 1928 (that I last saw h. em alive on Apr 23 1928 and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
following pertussis

CONTRIBUTORY (SECONDARY) 1077 (duration) yrs. mos. ds. 11

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Diphtheria - cyanosis
(Signed) Anna McNeil, D.O., M.D.4/29, 1928 (Address) Richmond 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

Sunny Slope Cem.

DATE OF BURIAL

4/25/28 19

20. UNDERTAKER

J. R. Morrison

ADDRESS

Richmond 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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

1928

