

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

Do not use this space.

16207

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph,

Primary Registration District No. 1001

City St. Joseph,

No. 2604 South 13th.

File No.

Registered No. 577

St.

Ward)

2. FULL NAME

George Daniel Stufflebean,

(a) Residence, No. 2604 South 13th. St.

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Dorothy Stufflebean

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

April 25, 1901

7. AGE

27

YEARS

0

MONTHS

14

DAYS
If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

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

Butcher,

(b) General nature of industry, business, or establishment in which employed (or employer)

Packing House

(c) Name of employer

Armour & Company,

9. BIRTHPLACE (CITY OR TOWN)

North Salem,

(STATE OR COUNTRY)

Missouri,

PARENTS

10. NAME OF FATHER Lester Stufflebean

11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Salem

(STATE OR COUNTRY)

Missouri,

12. MAIDEN NAME OF MOTHER Vine Pakham,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Salem,

(STATE OR COUNTRY)

Missouri,

14.

INFORMANT

Mrs Dorothy Stufflebean

2604 South 13th. Street.

15.

FILED

10 1928

John S. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9, 1928

17.

I HEREBY CERTIFY, That I attended deceased from April 2

....., 1928, to May 9, 1928, and that I last saw him alive on May 7, 1928, and that death occurred, on the date stated above, at 12:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

D DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician findings

(Signed) J. K. [Signature], M. D.

May 9, 1928 (Address) [Signature]

*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

DATE OF BURIAL

Mount Auburn Cemetery

May 12 19 28

28. UNDERTAKER

ADDRESS

Heaton B. Gale & Bowman

319 S. 10 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.

1928
3

by J. H. [Signature] James Howell

