

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

Do not use this space.  
~~12469~~ <sup>a</sup>  
~~10851~~ 16351  
File No. \_\_\_\_\_  
Registered No. 5 \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH  
County Butler Registration District No. 990  
Township St. Francis Primary Registration District No. 5133  
City \_\_\_\_\_ (INC) \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME Lee Stagg  
(a) Residence. No. Near High's mo 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Unknown

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(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) Unknown

10. NAME OF FATHER James P Stagg

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

12. MAIDEN NAME OF MOTHER Mr. Knapp

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

14. INFORMANT Ira Stagg  
(Address) Roubauer Mo

15. FILED May 1, 1928 W. J. Gall REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-11-28 1928

17. I HEREBY CERTIFY, That I attended deceased from 4 \_\_\_\_\_, 1928, to 4/11/28, 1928  
that I last saw him/her alive on 4-11-28, 1928, and that death occurred, on the date stated above, at 11 \_\_\_\_\_ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Double Pneumonia  
158 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 da.  
CONTRIBUTORY (SECONDARY) 10/10 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) V. P. Beathouse, M. D.  
442, 1928 (Address) Fish 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 Ash Hill DATE OF BURIAL 4-12-28

20. UNDERTAKER James Cooper ADDRESS Roubauer 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.

MAY 3 1955