4 1928

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.

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

Do not use this space.

19926

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 19926

Township — Primary Registration District No. 1001 — Registered No. 718

City St. Joseph, (No. 2320 South 3rd. Street, St., Ward)

2. FULL NAME Bennie Lawrence Stufflebean,

(a) Residence. No. 2320 South 3rd. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 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): Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 23, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
33	7	10	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer St. Joseph Water Co.,

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Missouri,

PARENTS

10. NAME OF FATHER Daniel Stufflebean,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Linn County, Missouri,

12. MAIDEN NAME OF MOTHER Rachel Baker,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Linn County, Missouri,

14. INFORMANT Mrs. Sallie Stufflebean (Address) 2320 South 3rd. Street.

15. FILED JUN 4 1928 John G. Wz REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1927, to June 3, 1928 that I last saw him alive on May 24, 1928 and that death occurred, on the date stated above, at 7.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

92A 11B 90A (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Flu (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Blanch B. Pennick M.D.

June 3, 1928 (Address) 222 Logan Bldg.

*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: Brookfield, Missouri,

DATE OF BURIAL: June 6 1928

20. UNDERTAKER: Heaton - McGole & Bowman by J. H. Kaile

ADDRESS: 319 S. 10 St. Funeral Home