

JUL 24 1928

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

Do not use this space.  
23217

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township Cape Girardeau Primary Registration District No. 3009  
City Cape Girardeau (No. ....) St. .... Ward)

File No. 1150  
Registered No. ....

2. FULL NAME

Clara Staller  
(a) Residence. No. Seigneurville, Mo. (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 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 P. S. Staller  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28 - 1876  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 51 6 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) ..  
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Seigneurville  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John C. Master

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Seigneurville, Mo.  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER C. Kartel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Seigneurville, Mo.  
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. P. S. Staller  
(Address) Seigneurville

15. FILED 7/12 1928 J. W. Chappin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/10 1928  
17. I HEREBY CERTIFY That I attended deceased from 6/26 1928, to 7/10 1928  
that I last saw her alive on 7/10 1928 and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Thrombosis  
54 B  
94 B  
139 C  
(duration) Sudden yrs. mos. da.  
CONTRIBUTORY Hypertension  
(SECONDARY) (duration) yrs. mos. da. 16

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? ..  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/23/28  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. S. ... M. D.  
, 19 (Address) Cape Girardeau

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Seigneurville DATE OF BURIAL July 12 28

20. UNDERTAKER A. D. ... ADDRESS 536 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S signature and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION (every important.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH. *Cape Girardeau* Registration District No. *125* File No. \_\_\_\_\_  
 County \_\_\_\_\_ Primary Registration District No. *3009* Registered No. *1150*  
 Township \_\_\_\_\_ City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Clarence Staller*  
 (a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)  
 (Usual place of abode)  
 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 *F* 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 \_\_\_\_\_

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
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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) \_\_\_\_\_

10. NAME OF FATHER \_\_\_\_\_

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

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

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

14. INFORMANT \_\_\_\_\_ (Address) \_\_\_\_\_

15. FILED *712* 19 *28* *W. Chamberlain* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-10 1928*

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Coronary Thrombosis, following hypertensive for which Multiple Petrius Ulcerist*  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY *Hysterectomy* (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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) *W. Chamberlain* \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) \_\_\_\_\_

\*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 \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

**SUPPLEMENTARY**

*139*

REGISTRATION WITH DOWRY. THIS IS A PERMANENT RECORD. AS TO THE SIGNATURE OF PHYSICIAN, PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. REGISTRARS SHOULD RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

N. B.—Every certificate should be carefully re-plied. AGE should be stated EXACTLY. PHYSICIAN SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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