

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 23846
Registered No. E 23846
St. _____ Ward _____

2. FULL NAME

Earl J. Stutzman
(a) Residence. No. Liberal Kans St. _____ Ward _____
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1-1884

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>44</u>	<u>3</u>	<u>9</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Traveling Salesman
(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) Kans

10. NAME OF FATHER J. M. Stutzman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER Viella Casper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ind

14. INFORMANT J. M. Stutzman (Address) Empress Kas

15. FILED 7/10 28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from June 19, 1928 to July 10, 1928 that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brain abscess

70 W (duration) yrs. mos. ds. _____
CONTRIBUTORY (SECONDARY) Empyema left chest
non tubercular (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED 1
IF NOT AT PLACE OF DEATH? _____

U DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) E. W. Montgomery
710, 1328 (Address) 1111 Realto

*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 Liberal Kans DATE OF BURIAL July 10 1928

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

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