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

399

Do not use this space.

35796

File No. 4338

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3229 Forest St. Ward)
Registration District No. 2002
Primary Registration District No.

2. FULL NAME Samuel Stoplet

(a) Residence. No. 3229 Forest St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 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 Florence Stoplet

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10, 1859

7. AGE: Years 69 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Chief Clerk
(c) Name of employer: Western Trunk Lines

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Samuel Stoplet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Mary McMakin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Donald Stoplet
(Address): Madison Wis.

15. FILED 10/25, 1928 M. M. Lorowe, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Oct 24, 1928, that I last saw him alive on Oct 24, 1928, and that death occurred, on the date stated above, at 6 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Pancreas
Gall Bladder
Liver
Liver (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Cameron, M. D.
10/24, 1928 (Address) 620 Argyle 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: Forest Hill
DATE OF BURIAL: 10/26 1928

20. UNDERTAKER: Freeman & Morhart
ADDRESS 104 W. 42nd St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

630 [illegible]

[illegible]

4834[illegible]

[illegible]