

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

Do not use this space.

172

43838-1

N. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28 1929

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**1. PLACE OF DEATH**

County Vernon Registration District No. 876 File No. \_\_\_\_\_  
 Township Deerfield Primary Registration District No. 5424 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Solomon Brown Staubaugh

(a) Residence. No. \_\_\_\_\_ 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 \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Margaret Jane Staubaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 12 1853

7. AGE YEARS MONTHS Days If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 11 21

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

10. NAME OF FATHER Jonathan Staubaugh

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

12. MAIDEN NAME OF MOTHER Sarah Brown

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

14. INFORMANT Wm F. Staubaugh (Address) Nevada Mo #5

15. Jan 15 1929 Mar. N. B. Perrine REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 19 29

17. I HEREBY CERTIFY That I attended deceased from Dec 18, 1928, to Dec 22, 1928 that I last saw him live on Dec 22, 1928 and that death occurred, on the date stated above, at 5 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1078 Pr. Pneumonia  
11-21 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) Old age (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1078 Pr  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam  
 (Signed) W. B. Perrine, M. D.  
Nevada Mo  
 , 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 Welbore Cemetery DATE OF BURIAL Dec. 24 1928

20. UNDERTAKER Allen V. Hoyle ADDRESS Nevada Mo.

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