

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

Do not use this space.

1289

1. PLACE OF DEATH

County Holt
Township Sioux
City Cornings

Registration District No. 368
Primary Registration District No. 4214

File No. _____
Registered No. Two
St. _____ Ward _____

2. FULL NAME Charles Edwards Stule

(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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-21-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 - - 2

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) Cornings
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ernest A Stule

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osark
(STATE OR COUNTRY) Ark.

12. MAIDEN NAME OF MOTHER Mayme Sherman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cornings
(STATE OR COUNTRY) Missouri

14. INFORMANT E. A. Stule
(Address) Cornings Mo

15. FILED 1/24/29 Lloyd A Dankers
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan-21-1929, to Jan-23-1929 that I last saw him alive on Jan-22-1929, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Convulsions of right side
due to cerebral meningel
initiation - cause unknown
(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) NO
(duration) _____ 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? clinical
(Signed) J. H. Davis M. D.

1-24-1929 (Address) Craig Mo.

*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

Mt. Hope, Cemetery Cornings Mo 1/24/29

20. UNDERTAKER ADDRESS

Asa L. Schooner Cornings Mo

RECORD

FEB 22 1929
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.

