

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

Do not use this space.

7608

1. PLACE OF DEATH

County..... Polk Registration District No. 701 File No.
 Township..... Campbell Primary Registration District No. 01905 Registered No. 23
 City..... (No.) St. Ward (No.)

2. FULL NAME

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (or) WIFE OF Geo. Stapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 23

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) L
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

10. NAME OF FATHER Colet Butler

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

12. MAIDEN NAME OF MOTHER Elizabeth Conrad

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

14. INFORMANT (Address) St. Carmel Sunnyside - Mo

15. FILED 2/10 19 29 J.P. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 10 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to July 10, 1929, 19 29, that I last saw her alive on July 10, 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Parityal Paralysis
82.0 Pneumonia

CONTRIBUTORY (SECONDARY) 75 RB
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. ✓

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓

20. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) Chas. H. Brown, M. D.

Feb 10, 1929 (Address) Fair Play - 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

St. Carmel - Feb 10 19 29

20. UNDERTAKER ADDRESS St. Mary's Polk - Mo

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.

MAR 25 1929

PARENTS

Handwritten note: 12-10-29

