

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

Do not use this space.

13784

1. PLACE OF DEATH
 County Barton Registration District No. 40
 Township Lamar Primary Registration District No. 4024
 City (No.) Lamar St. _____ Ward _____
 Registered No. 20

2. FULL NAME Elyde Evert Staggs
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-16-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
31 | 5 | 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work P.R. Section Employee
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lanthe
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER - Henry Staggs

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT Emma Staggs
 (Address) Lamar, Mo.

15. FILED 57- 1929 A. J. Mynatt
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-26-1929

17. I HEREBY CERTIFY, That I attended deceased from July 1 - 26 April 26 1929 to April 26 1929 that I last saw h. _____ alive on April 26 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Actinomycosis jaw

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 43
 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Thos. J. Miller, M. D.
 _____, 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 Lanthe Cemetery DATE OF BURIAL 4-27-1929

20. UNDERTAKER 16 St. Konarchy ADDRESS Lamar

N. E.—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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RECORD

