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

Do not use this space.

18917

File No. .....

Registered No. .....

1. PLACE OF DEATH
County: Nodaway
Township: .....
City: Pickering (No. ..... St. ..... Ward)

Registration District No. 627
Primary Registration District No. 4377

2. FULL NAME: Alvin J. Stingil

(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Flora Stingil

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 8 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(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) Nod. Co Mo

PARENTS

10. NAME OF FATHER: Alvin Stingil

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

12. MAIDEN NAME OF MOTHER: Rachel Wray

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

14. INFORMANT: Mrs Alvin Stingil
(Address) Pickering Mo

15. FILED May 28, 1929 Mrs F. C. Smith, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5 - 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1928, to 5 - 27 1929, that I last saw him alive on May 25 1929, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Anemia
71

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(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) Eugene L. Conway, M. D.
, 19 (Address) Pickering 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: White Cook Cemetery — DATE OF BURIAL: 5 28 1929

20. UNDERTAKER: Price Funeral Co — ADDRESS: Maryville Mo