WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 23 1929

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

Do not use this space.

20697

1. PLACE OF DEATH
County Buchanan — Registration District No. 81 — File No.
Township Blooming Lake — Primary Registration District No. 5122 — Registered No. 8
City St. Joseph Mo. (No. De Kalb Mo. R.F.D. #1 St. Ward)

2. FULL NAME Stella Isabelle Dittemore
(a) Residence. No. St., Ward. De Kalb Missouri
(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: Female
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: James H. Dittemore
6. DATE OF BIRTH (MONTH, DAY AND YEAR): February 14 1891
7. AGE: Years 38 | Months 4 | Days 9 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(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): New Market Missouri

PARENTS
10. NAME OF FATHER: B.B. Van Hoozer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
12. MAIDEN NAME OF MOTHER: Alice Sutton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Rushville Missouri

14. INFORMANT (Address): Mr. J. H. Dittemore De Kalb Missouri
15. FILED 6/24 1929 J. W. McAdow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 23, 1929
17. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1929, to June 23, 1929, that I last saw her alive on June 20, 1929, and that death occurred, on the date stated above, at 7:00 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
12A
(duration) 3 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? Usual Test
(Signed) E. B. McAdow, M. D.
June 24, 1929 (Address) De Kalb 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: De Kalb Missouri — DATE OF BURIAL: June 24 1929
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis