MAR 25 1930

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

Do not use this space.

4426

1. PLACE OF DEATH
County Clinton — Registration District No. 204 — File No.
Township — Primary Registration District No. 41 24 — Registered No. 6
City Lathrop (No. ..... St. ..... Ward)

2. FULL NAME Ada Laide Stiles
(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)
female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) APRIL 25 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
73		9	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid for years
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Stiles
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louisa Banker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mrs. G. Grant
(Address) Lathrop, Mo.

15. FILED 2-3-, 1930 J. T. Kinsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan-28-, 1930, to Feb-2-, 1930 that I last saw her alive on Feb-2-, 1930, and that death occurred, on the date stated above, at 8.10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Oedema
[illegible]
[illegible]
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [illegible]
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Obj & Subj
(Signed) F. J. Longfield, M. D
2-3-, 1930 (Address) Lathrop, 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 Lathrop Cemetery — DATE OF BURIAL 2/4 1930

20. UNDERTAKER D3 Moss Crunk — ADDRESS Lathrop Mo