

MAY 27 1930

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

Do not use this space.

9810

1. PLACE OF DEATH  
 County Pettis Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No.       ) St.        Ward       

2. FULL NAME Richard Stapleton  
 (a) Residence No. 413 E St Louis 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. mes. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
55 Don't know or                                          

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Labor  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer Karrison Transfer Co

9. BIRTHPLACE (CITY OR TOWN) New Franklin  
 (STATE OR COUNTRY) Howard Co. Mo.

10. NAME OF FATHER Charley Stapleton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Hanner Gibson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co. Mo.  
 (STATE OR COUNTRY)

14. INFORMANT Jennie William  
 (Address) 413 E St Louis St

15. FILED 4-4-30 J. J. Love  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30 1930

17. I HEREBY CERTIFY, That I attended deceased from wound  
body, 19      , to       , 19      ,  
 that I last saw        alive on       , 19      , and that  
 death occurred, on the date stated above, at        m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Died without medical attendance. Probably due to alcohol  
758 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 668  
 (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? no

WHAT TEST CONFIRMED DIAGNOSIS?       

(Signed) R. J. [unclear] M. D.  
 , 19        (Address) Sedalia

\*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 Sedalia DATE OF BURIAL 4/3/30

20. UNDERTAKER F. W. Ferguson ADDRESS Sedalia

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.

