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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 11820
Township — Primary Registration District No. 1001 — Registered No. 534
City St.Joseph, (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME William R.Stufflebean
(a) Residence. No. 2306 So.4th.St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 22 1930

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 Mamie Stufflebean

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan,16,1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	41	3	11	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co,Mo.

PARENTS
10. NAME OF FATHER Thos.J.Stufflebean
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Linn Co,Mo.
12. MAIDEN NAME OF MOTHER Ellen Patton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co,Mo.

14. INFORMANT Mrs.E.W.Harris
(Address) 2306 So.4th.St.

15. FILED APR 29 1930 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr,27,1930 19

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1930, to April 27, 1930 that I last saw him alive on April 26, 1930, and that death occurred, on the date stated above, at 7.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic
34
93C (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) syphilis.
(unknown (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? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. F. Owens, M. D.
4-29, 1930 (Address) Schneider Bldg

*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	DATE OF BURIAL
Mt.Auburn Cemetery	Apr,29, 1930

20. UNDERTAKER Walter Meinhoffer — ADDRESS 1302 Faraon St.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD