

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

Do not use this space.

15429

**1. PLACE OF DEATH**

County Buchanan Registration District No. 86  
 Township Washington Primary Registration District No. 512  
 City St. Joseph, Mo. (No. Armour and Company) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 95

**2. FULL NAME**

James R. Staples  
 (a) Residence No. 6402 King Hill 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Melrose Staples  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29, 1905  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 1 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) Armour and Co.  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Marion  
 (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Laurence E. Staples  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Highland  
 (STATE OR COUNTRY) Kansas  
 12. MAIDEN NAME OF MOTHER Ida Belle Campbell  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Uniontown  
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Men L E Staples  
 (Address) St Joseph Mo.

15. FILED 5-10 30 1930 J. J. Jaynech  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1930  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 3.30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Injuries received in expl.  
blow at Armour  
parking lot - Cause of  
was unknown (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 194B 2, 0 2 (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?  
 (Signed) Ed. T. Lester Coroner, M. D.  
5/9 1930 (Address) St Joseph 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 Memorial Park DATE OF BURIAL May 11, 1930

20. UNDERTAKER Edman Funeral Home ADDRESS 1946 Peabody

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.

JUN 24 1930

