

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

Do not use this space.

16817

**1. PLACE OF DEATH**

County Monongamey  
Township B. Springs  
City Hopedale (No. ....)

Registration District No. 5-89  
Primary Registration District No. 5-787

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Theodore Stack

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-23 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
59 2 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Lawyer  
(b) General nature of industry, business, or establishment in which employed (or employer) Timber  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Wm. Stack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Krueger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

**14.**

INFORMANT Fritz Krueger  
(Address) Hopedale Mo

**15.**

FILED May 10, 1930 Co. A. Ball  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930

17. I HEREBY CERTIFY, That I attended deceased from May 11 1930, to July 4 1930.  
(that I last saw him alive on May 4 1930, and that death occurred, on the date stated above, at 1:30 a.m.)

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Diabetes mel

CONTRIBUTORY (SECONDARY) mode of living (duration) 1 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED?**

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Co. A. Ball, M. D.

, 19 (Address) Jonestown 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 DATE OF BURIAL

Big Springs Mo 5-6-1930

20. UNDERTAKER ADDRESS

C. M. Thurman Jonestown

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.

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

JUL 26 1930

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