

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

Do not use this space.

18282

1. PLACE OF DEATH

County Saline
Township Windsor
City Staley (No. 4)

Registration District No. 799
Primary Registration District No. 44 74

File No. _____
Registered No. 33
St. _____ Ward)

2. FULL NAME

(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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1930. 5 9

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-29-1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>89</u>	<u>5</u>	<u>10</u>	

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

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Mathias Babler

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

12. MAIDEN NAME OF MOTHER Calvine Scheller

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

14. INFORMANT Mrs. Stella Gosford
(Address) Staley, Mo.

15. May 10 1930 W. W. Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 9 1930

17. I HEREBY CERTIFY, That I attended deceased from April - 1 - 1930 to May - 9 - 1930 that I last saw him alive on May - 9 - 1930, and that death occurred, on the date stated above at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyelitis
1930
1 h. 20

(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) age
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) M. C. Rogers, M. D.
5/10, 1930 (Address) Staley, 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 _____
Staley City Cemetery 5/11 1930

20. UNDERTAKER _____ ADDRESS _____
Hill Brothers Staley

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.

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