

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

Do not use this space.

20040

L 28 1930

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal

Registration District No. 547
Primary Registration District No. 3029

File No. _____
Registered No. 110
St. 6 Ward)

2. FULL NAME:

(a) Residence. No. Pat Madison Care 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) March 17, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>47</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>—</u>

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Heskub, Iowa
(STATE OR COUNTRY)

10. NAME OF FATHER Charles Stahl

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

12. MAIDEN NAME OF MOTHER Helena Rutz

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

14. INFORMANT Mr. Owen Appel
(Address) Heskub, Iowa

15. FILED 6/18, 1930 Clousuis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-18-1930

17. I HEREBY CERTIFY That I attended deceased from 6-16-30 to 6-18-30 that I last saw him alive on 6-18-30 and that death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Edema lungs - Trauma to
trauma from auto accident.
6/16/30

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 210 MI
IF NOT AT PLACE OF DEATH: 59
1110

DID AN OPERATION PRECEDE DEATH? NO. DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? NO
9 - Clinical & Laboratory
4/18, 1930 (Address) Hannibal Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fort Madison Iowa DATE OF BURIAL 6-19, 1930

20. UNDERTAKER James Donnell ADDRESS Hannibal Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Marion
Township
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3029

File No.
Registered No. 160
St. Ward)

2. FULL NAME

Joseph Patrick Stahl

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. da.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1930

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

Edema of lungs secondary to trauma from auto accident

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1880

This accident happened on Highway No. 61, the car turned over on loose gravel. This was just west of Hannibal in Marion county, Missouri.

DATE OF M. D

or in deaths from VIOLENT CAUSES, state (2) whether ACCIDENTAL, SUICIDAL, OR

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 6/18 1930 C. Cousins REGISTRAR

20. UNDERTAKER ADDRESS

BY LAW NOT REC'D A FEE FOR CERTIFICATES UNTIL THEY ARE REGIS

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