

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

Do not use this space.

36770-a

1. PLACE OF DEATH

County Madison Co.

Registration District No. 588

Township Central

Primary Registration District No. 4272

File No.

Registered No.

St. Ward

FULL NAME Ma Jean - Stacy

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

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

Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1929 / 1 / 11

7. AGE

YEARS 2

MONTHS 10

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

none

(c) Name of employer

none

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

Arthur Stacy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

1

(STATE OR COUNTRY)

Fredericktown Mo

12. MAIDEN NAME OF MOTHER

Leslie Franer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

201

(STATE OR COUNTRY)

Fredericktown Mo

PARENTS

14. INFORMANT

(Address)

Chas Stacy
Fredericktown Mo

15.

FILED 12 31 19 30

C. H. Dunt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 19 30

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1930, to Nov 4, 1930 that I last saw h. a. alive on Nov 9, 1930, and that death occurred, on the date stated above, at 1:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. B. Barber, M. D.

Nov 11, 19 30 (Address) Fredericktown, 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

Little Vnie County, Mo Nov 12 19 30

20. UNDERTAKER

ADDRESS

none

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.

JAN 20 1931



1
1

