

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

Do not use this space.

41867

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.

53 1929

1. PLACE OF DEATH
 County Webster Registration District No. 896
 Township Ozark Primary Registration District No. 6198
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 37

2. FULL NAME Wandalein Stahl
 (a) Residence No. Route 1, Marshfield, Mo. 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. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 17, 1930</u>				
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>✓</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u> (c) Name of employer <u>✓</u>				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6 1930
 17. I HEREBY CERTIFY, That I attended deceased from Dec 6 1930, to Dec 6 1930, that I last saw her alive on Dec 6 1930, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

CONTRIBUTORY (SECONDARY) None
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH ✓

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Marshfield
 DATE OF BURIAL Dec. 7 1930
 20. UNDERTAKER Family
 ADDRESS _____

9. BIRTHPLACE (CITY OR TOWN) Ozark Township, Webster
 (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER John Stahl
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Dessie M. Collins
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY) _____

14. INFORMANT Father John Stahl
 (Address) Marshfield Mo
 15. FILED 12/6 1930 J. M. Free
 REGISTRAR

*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.

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