MAR 23

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

Do not use this space.

4614

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 134

City St. Joseph, (No. 1208 South 30th. St. Ward)

2. FULL NAME Lewis Madison Stallard,

(a) Residence. No. 1208 South 30th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	0	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Concrete Pipe Co. 5 l

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

(c) Name of employer Stallard-Schmidt Co.

9. BIRTHPLACE (CITY OR TOWN) Buchanan County, 1
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Burrell W. Stallard,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, 2
(STATE OR COUNTRY) Virginia,

12. MAIDEN NAME OF MOTHER Myra Robertson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. L. M. Stallard
(Address) 1208 South 30th. Street.

15. FILED FEB 3 1931 John R. Bender, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Viewed on ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 12:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nono

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Tadlock Coroner, M. D.

2/2, 1931 (Address) 821 Francis

*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
Mount Auburn Cemetery	Feb. 3 1931
20. UNDERTAKER	ADDRESS
Heaton-BeGale & Bowman	319 S. 10 St.

Funeral Home

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.