

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

Do not use this space. 2

27407

1. PLACE OF DEATH

County Andrew Registration District No. 63
 Township Jefferson Primary Registration District No. 6017
 City (No. 2 Mi. No. of St. Joseph on West Savannah Road.) St. 49 Ward 1

2. FULL NAME

John W. Stilwell

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1854

7. AGE YEARS 77 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) June, 1927 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co., Ohio.

13. NAME William Stilwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co., Ohio.

15. MAIDEN NAME Elizabeth Shelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown Co., Ohio.

17. INFORMANT Mrs. Rilla Stilwell
 (ADDRESS) West Savannah Road, And. Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery DATE Sept. 3, 1931

19. UNDERTAKER (ADDRESS) Walter Meierhoff
1302 1/2 Aaron St., St. Joseph, Mo.

20. FILE # 231 19 31 St. Joseph, Mo.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1931 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1931, to Aug 25, 1931
 I last saw him alive on Aug 25, 1931. Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

Causes of death
46B
46B
 Other contributory causes of importance: _____
 Date of onset: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) B. F. Jampson, M. D.
 (Address) Old Corby Bldg., St. Joseph, Mo.

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.

OCT 2 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

