CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1931

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

Do not use this space.

34795

1. PLACE OF DEATH
County Jasper — Registration District No. 417 — File No.
Township — Primary Registration District No. 3021 — Registered No. 92
City Webb City (No. Jane Chim Hospital St. Ward)

2. FULL NAME Mollie B. Stalter
(a) Residence, No. 121 E. Wilson St., Ward. Carterville Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1888
7. AGE Years 43 Months 6 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ready to wear
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleslady
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Eugene J. Scruggs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Missouri

MOTHER
15. MAIDEN NAME Mollie B. [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. J. L. Ward Omaha, Nebr.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope Cem DATE 10/14 1931
19. UNDERTAKER (ADDRESS) Webb City Und Co. Webb City, Mo.
20. FILED 10/13 1931 R. M. Stormont Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931, to Oct 12, 1931
I last saw her ~~alive~~ dead on Oct 12, 1931. Death is said to have occurred on the date stated above, at 3a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of skull	Oct 11/31
210	

Other contributory causes of importance:

210

Name of operation None Date of —
What test confirmed diagnosis? Evidence Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 11, 1931
Where did injury occur? 3/4 mi south of Carterville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on public highway
Manner of injury Overturning of car - passenger
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Leroy Simmons, M. D.
(Address) Coroner, Jasper Co.