

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

Do not use this space.

2138

**1. PLACE OF DEATH**

County Ripley Registration District No. 750  
 Township Dorroughan Primary Registration District No. 5985  
 City None St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 11  
 Registered No. 1073

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 38 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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2 - 1843

7. AGE YEARS 88 MONTHS 4 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Carolina 2

13. NAME Joseph Stilwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) A. S. A.

15. MAIDEN NAME Margaret Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) possibly Ireland 15

17. INFORMANT Mrs. W. H. Morgan, daughter  
 (ADDRESS) Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cem. DATE Jan. 10 - 1932

19. UNDERTAKER J. S. Jordan  
 (ADDRESS) Dorroughan Mo.

20. FILED 1/10 1932 E. B. Johnston  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 - 1932

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

I last saw him alive on Jan 7, 1932. Death is said

to have occurred on the date stated above, at 8:00 A. m.

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

Aortic Insufficiency Date of onset \_\_\_\_\_

1932  
10/20  
1/20  
920

Other contributory causes of importance:

old eye & dropsy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Urinal 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) P. H. Watson, M. D.

(Address) Dorroughan 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.

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 FEB 22 1932

