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.

APR 25 1932

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

Do not use this space.

7780

1. PLACE OF DEATH
County: Clay — Registration District No.: 197 — File No.:
24 Township: Gallatin — Primary Registration District No.: 5276 — Registered No.: 18
City: (No. , St. Ward)

2. FULL NAME: Oliver Martin Stobaugh

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Stobaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby — 4 1854

7. AGE: YEARS 78 — MONTHS 1 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
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): Andrew Co. Mo.

FATHER
13. NAME: Isaac Stobaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Elizabeth Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): William Stobaugh, Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Davis Chapel DATE: March 29, 1932

19. UNDERTAKER (ADDRESS): W. H. Hollins, Edgerton Mo.

20. FILED: 3/19, 1932 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch — 28 — 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 — 1 —, 1932, to 3 — 28 —, 1932
I last saw him alive on 3 — 28 —, 1932. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic poison	
132	1378 / 950

Other contributory causes of importance: Dilatation of heart

(1)

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify:
(Signed) [illegible], M. D.
(Address) Smithville Mo