

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.

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township Raw.Primary Registration District No. 1002City Kansas City(No. 4135, Wayne, St. 5, Ward 979)

## 2. FULL NAME

Andrew W<sup>m</sup> Stofer(a) Residence, No. 4135 Wayne St. 5 Ward. (If nonresident, give city or town and State)

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 <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joie B. Stofer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 1-1847</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>10</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired R.P.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Foreman Sauter</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Fe.</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>		
FATHER	13. NAME <u>W<sup>m</sup> Stofer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia 2</u>	
MOTHER	15. MAIDEN NAME <u>Martha Buffy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>	
17. INFORMANT <u>Harry M. Stofer</u> (ADDRESS) <u>3810 Highland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>Mar 8</u> , 19 <u>32</u>		
19. UNDERTAKER <u>Caylor Funeral Home</u> (ADDRESS) <u>R. C. Mo.</u>		
20. FILED <u>3/8</u> , 19 <u>32</u> <u>M. M. Clevane</u> <u>Asst</u> Registrar.		

## 2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1932, to March 5<sup>th</sup>, 1932  
I last saw him alive on March 5<sup>th</sup>, 1932. Death is said to have occurred on the date stated above, at 4<sup>15</sup> m.  
The principal cause of death and related causes of importance were as follows:

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

Pneumonia95B107B

Other contributory causes of importance:

ArteriosclerosisName of operation 95B Date ofWhat test confirmed diagnosis? 95B 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 M. J. Kowalski M. D.(Address) 503 Victoria Pl

.. .. Res. 5613 Lydia Hi 2748