

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

Do not use this space.

11673

85

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. 100
City St Joseph (No. Mo. W. Hosp.)

File No. _____
Registered No. 350
St. _____ (Ward) _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Bessie L. Staley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27-1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>11</u>	<u>11</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) same
(c) Name of employer self.

9. BIRTHPLACE (CITY OR TOWN) Holt Mo.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John M. Staley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) unknown

14. INFORMANT Gladys Stillwagon
(Address) Kansas City Mo

15. FILED 4-9-32 John R. Bendure
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1932

17. I HEREBY CERTIFY, That I attended deceased from _____
April 1, 1932, to Apr 8, 1932
that I last saw him alive on April 7, 1932 and that death occurred, on the date stated above, at 8:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Duodenal ulcer.
117 B
1038/17 B
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Heart attack
(duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Farmer City Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 5-32
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Schum M. D.
Apr 8, 1932 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Benton Cemetery DATE OF BURIAL April 10 1932

20. UNDERTAKER Lester Pettijohn ADDRESS Oregon 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.

MAY 23 1932

