

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

Do not use this space.

13147

1. PLACE OF DEATH

County Lynn Registration District No. 501 File No. _____
 Township Locust Primary Registration District No. 5666 Registered No. 8
 City Linnemore, Mo. Supermery St. _____ Ward _____

2. FULL NAME

Full Name Clarence Stapleton
 (a) Residence, No. Brookfield St. _____ Ward Brookfield Mo
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Stapleton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 10-1877</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>0</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	<u>farmer</u>	
10. Date deceased last worked at this occupation (month and year) <u>6-5-32</u>	11. Total time (years) spent in this occupation <u>40</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Creton Iowa</u>		
MOTHER	13. NAME <u>John Wesley Stapleton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Cliza Cawley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>DK DK</u>	
17. INFORMANT <u>Mrs Ida Stapleton</u> (ADDRESS) <u>Brookfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>4-7</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>C. W. Hill Brookfield Mo</u>		
20. FILED <u>April 7, 1932</u> <u>D. D. Taylor</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 31 1932 to April 5 1932
 I last saw him alive on April 4 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance, were as follows:
Specific degeneration of Rhizin acid spinal cord.
 Other contributory causes of importance: alcoholics

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

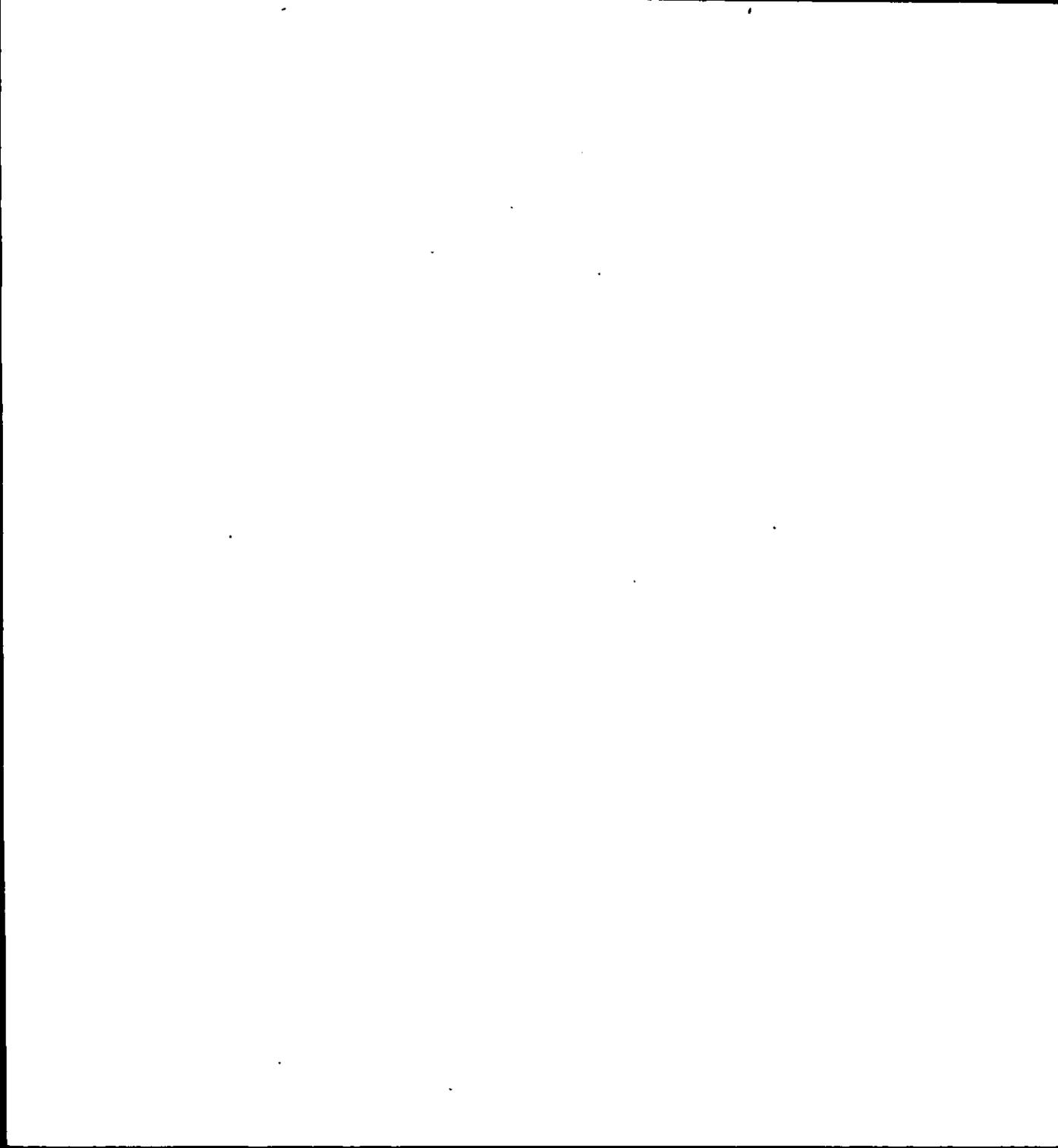
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Mark R. Roads, M. D.
 (Address) Linnemore 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 25 1932



order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

8

Name: Clarence Stapleton

Who died at _____ (City) Sims Co (County) on April 5, 1932 (Date)

Residence: No. _____ St. _____ (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or Country) Ill

Birthplace of father (State or Country) Ill

Birthplace of mother (State or Country) Ill

Principal cause of death: Specific Degeneration of Brain and Spinal Cord

Other contributory causes of importance: Alcoholism

Name of operation none Date of _____

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? no

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Mark H. Roads M.D.

Address of physician Linners Mo

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official _____

5-13147-