

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

Do not use this space.

16278

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Haw Primary Registrar District No. 1002 File No. _____
 City Rt. 6, Mo. (No. St. Mary's Hospital) Registered No. 2071 St. _____ Ward _____

2. FULL NAME

Lenard Stamm
 (a) Residence, No. 311 1/2 So. Van Brunt Ward 10
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
20 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 319
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radio Repair Man
 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) Ohio 2

MOTHER FATHER 13. NAME Henry A Stamm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Anna Wancemaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger 10

17. INFORMANT Henry A Stamm
 (ADDRESS) 311 1/2 So Van Brunt Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE St Washington DATE 5-25 1932

19. UNDERTAKER C. R. Foster
 (ADDRESS) 714 Broadway

20. FILED May 23, 1932 M. M. Corvett
 Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/30 1932 to 5-22 1932
 I last saw him alive on 5-22 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Pulmonary Tuberculosis
23A 23
 Other contributory causes of importance:

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

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 Lawyer
 (Signed) [Signature] (Address) 713 North Blvd Kansas City 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Medical Arts - J Ya-6767
141 W. 61st St HI 4743

2 pm.