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.

AUG 23 1932

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

Do not use this space.

22531

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

3 Township — Primary Registration District No. 2001 — Registered No. 509

5 City Springfield — Dist. St. John's Hospital — St. — Ward)

2. FULL NAME Melvin Leo Stapp

(a) Residence, No. S. Greenfield St. Mo 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: 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) 7-16-1914

7. AGE: YEARS 18 — MONTHS 0 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar
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) South Greenfield Mo

FATHER
13. NAME Rach M. Stapp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Mo

MOTHER
15. MAIDEN NAME Ella Haynes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT (ADDRESS) Oscar L. Stapp So. Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Greenfield 7-19 1932

19. UNDERTAKER (ADDRESS) Fuqua & Co. South Greenfield Mo

20. FILED 7-19 1932 Ralph Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1932, to 7-19, 1932

I last saw him alive on 7-19, 1932. Death is said to have occurred on the date stated above, at 10 P m.

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

	Date of onset
Fracture of Dorsal Spine c	7-19-32
Sever damage To Cord —	
Injury To Thoracic & abdominal Viscera	
Other contributory causes of importance: —	
Shock	2 4 1

207 D

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? Accident Date of injury 7-19, 1932

Where did injury occur? So. Greenfield, Dade Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Railroad track - burning ride

Manner of injury — Fell under train —

Nature of injury Crushing

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) L. M. Rigney, M. D.

(Address) 923 N. Main Springfield Mo