

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.

19360-d

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

Do not use this space.
 22657-1
~~19360-d~~

1. PLACE OF DEATH
 46 County Howell Registration District No. 384
 3 Township _____ Primary Registration District No. 4727
 4 City West Plains, Mo St. _____ Ward _____
 2. FULL NAME Saw Stacker
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Ma 4. COLOR OR RACE Black 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) Nov 10
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 / / /
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Kentucky
 13. NAME Cuma, Stacker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) Mary Cleggett
West Plains, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Brown DATE 7/5 19. 31
 19. UNDERTAKER (ADDRESS) McFarland
West Plains, Mo
 20. FILED 7-3-31 O.P. Heinrich
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3 1932
 22. I HEREBY CERTIFY That I attended deceased from July 3 1932 to July 3 1932
 I last saw him alive on July 3 1932 Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:
Electrocuted - sealed up a wire wire
 Date of onset 15'
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 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. On street
 Manner of injury falling hole of wire
 Nature of injury Electrocuted - instant death
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) P. D. Gunn M. D.
 (Address) West Plains, Mo

