

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

Do not use this space.  
**35318**

**1. PLACE OF DEATH**

36 County Franklin  
Township Meramec  
City Stallman Mo (No. ....) St. .... Ward)

Registration District No. 295  
Primary Registration District No. 5412

File No. 37  
Registered No. 37

**2. FULL NAME**

Fred Palmer Stellman

(a) Residence. No. Stallman Mo 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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) Lila Stellman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 — —

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) ..  
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Galveston Tex.  
(STATE OR COUNTRY) Galveston County

10. NAME OF FATHER Fred John Stellman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Galveston Texas  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Meier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Galveston Texas  
(STATE OR COUNTRY)

14. INFORMANT Miss M. A. Stellman  
(Address) Amarillo, Texas

15. FILED Nov 24 1932 Jas P. Orrigan REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22 1932

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to Nov 22, 1932, that I last saw him alive on Nov 20, 1932 and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardiac Dilatation with acute regurgitation

34 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Lactic Acid  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 34

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF ..

WHAT TEST CONFIRMED DIAGNOSIS? Physical Diag & Blood test.

(Signed) W. P. Payne, M. D.  
Nov 22, 1932 (Address) Stallman 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 Nashville Ill. Missouri Cen. DATE OF BURIAL Nov. 24 1932

20. UNDERTAKER Thos. P. Shaffer ADDRESS Stallman 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 1933

