

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

Do not use this space.

35578

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
 5 Township Blue Primary Registration District No. 3019
 8 Precinct Independence (No. 414 St. Mill)

File No. _____
 Registered No. 360 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 414 St. Mill St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 10, 1876</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	<u>10</u>
		DAYS
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Teamster</u>		<u>Self. 104</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>Self.</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lyepka Kansas</u>		
13. NAME <u>Abel Stalton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. Kan.</u>		
15. MAIDEN NAME <u>Ellis Lee</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Kansas</u>		
17. INFORMANT (ADDRESS) <u>Lillie Stalton 414 St. Mill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Woodlawn 11/23/33</u>		
19. UNDERTAKER (ADDRESS) <u>Stalton Bros 1729 Lydia</u>		
20. FILED <u>Nov 23 1933</u> <u>220006</u> Registrar.		

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1933 to Nov 21, 1933
 I last saw him alive on Nov 20, 1933 Death is said to have occurred on the date stated above, at 2:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Organic Heart Lesion
96
900
96
0
 Other contributory causes of importance:
Cerebral aneurysm

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? _____ 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?
 If so, specify _____
 (Signed) William H. Lawrence M. D.
 (Address) 418 W. Miller Independence 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.

RECORD WITH UNPAID TAX—THIS IS A PERMANENT RECORD

111 9 1933

