

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

Do not use this space.

36551

1. PLACE OF DEATH

74 County Wodaway Registration District No. 617
Township Grant Primary Registration District No. 5819
City Bokehaw Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 21

2. FULL NAME

Twilla Beth Stuart

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 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

3. SEX Female 4. COLOR OR RACE white 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. 8, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Bokehaw Mo.

FATHER 13. NAME Carl Stuart

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

MOTHER 15. MAIDEN NAME Elaine Pittenberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Carl Stuart
(ADDRESS) Rd Bokehaw Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bokehaw Mo DATE Nov 27 1932

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Bokehaw Mo

20. FILED 11/30 1932 W. Logan Wood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/26 1932

22. I HEREBY CERTIFY, That I attended deceased from 10:45 to 11:26 1932
Saw her 10 minutes after death
I last saw her alive on _____ 19____ Death is said to have occurred on the date stated above, at 40 m.

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

abscess frontal
sinus
104B

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.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. Logan Wood, M. D.

(Address) Bokehaw 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.

STATE PRINTING PLANT, WITH ENGRAVING INK—THIS IS A PERMANENT RECORD

