

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

Do not use this space.

**1. PLACE OF DEATH**

68 County Moniteau Registration District No. 1095  
Township Moran Primary Registration District No. 4336  
City (No. 5-9-70) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 40747  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mary M Stahl**

(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. ~~REMARKS~~ WIFE OF (OR) WIFE OF W. H. Stahl  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1849  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
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) Perry County Penn.

13. NAME Samuel David

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

15. MAIDEN NAME Mary M Garbe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Penn.

17. INFORMANT (ADDRESS) Mrs Leonard Russler Syracuse Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Syracuse Mo. DATE 12-22 19 32

19. UNDERTAKER (ADDRESS) Jewell E. Richards Tipton Missouri.

20. FILED 12-20 19 32 J. E. Maitland Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15-1932 to 12-19-1932. I last saw her alive on 12-19-1932. Death is said to have occurred on the date stated above, at 2:00 PM.

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

myocarditis  
93 H  
Other contributory causes of importance:  
Date of onset \_\_\_\_\_

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) \_\_\_\_\_ (Address) Clarkston 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.

1932

should be carefully supplied  
in terms, so that  
and be stated EXACTLY. PHYSICIAN should state  
Exact statement of OCCUR  
filled.

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No.....  
City..... (No.....) St..... Ward.....

**2. FULL NAME**

(a) Residence. No. Mary Magdalene Stahl 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 ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
--------	-------	--------	------	--

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) .....

**PARENTS**

10. NAME OF FATHER .....

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

12. MAIDEN NAME OF MOTHER .....

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

14. INFORMANT.....  
(Address) .....

15. FILED....., 19.....  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19-1932

17. I HEREBY CERTIFY, That I attended deceased from 12-15-1932 to 12-19-1932 that I last saw her alive on 12-19-1932, 1932, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

..... (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) .....

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) R. G. James M. D.  
, 19 (Address) Blacksburg, 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 ..... DATE OF BURIAL .....  
19

20. UNDERTAKER ..... ADDRESS .....

PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.



S-40747