WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

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1. PLACE OF DEATH

3.3 County Dent — Registration District No. 366

1 Township — Primary Registration District No. 4164

2 City Salem (No. ..... St. ..... Ward)

File No. ..... Registered No. 1

2. FULL NAME Cornilia Cartherine H Stagner

(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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James W Stagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8 1860

7. AGE: 72 YEARS — MONTHS: 4 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Dent Co Mo

FATHER

13. NAME: Nath. Medlock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - N Carolina

MOTHER

15. MAIDEN NAME: Lucy Medlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): - S. Carolina

17. INFORMANT (ADDRESS): Arch Stagner Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dry Fork Cem DATE: 1/5/33, 19

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED 1/4, 1933 W. E. Rudd, M. D. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/3 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-2-, 1932, to 1-1-, 1933. I last saw her alive on 1-1-, 1933. Death is said to have occurred on the date stated above, at 7:40 A M

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

Chronic Nephritis — Date of onset 1930
Chronic Myocarditis
1930 1931 1930

Other contributory causes of importance: Senility

Name of operation: none 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? no
If so, specify
(Signed) Lloyd H Hunt M. D.
(Address) Salem Mo