1933

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

Do not use this space.

1. PLACE OF DEATH 97
County Saline
Township Marshall
City ..... (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. ~~30~~ 38

File No. 4262
Registered No. .....

2. FULL NAME Henry H. Stolz
(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 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 Mildred L. Stolz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1904

7. AGE Years 28 Months 7 Days 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dist. Supt. Fr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Oil Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

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2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ryan, Okla.

FATHER
13. NAME Frank Stolz.
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

MOTHER
15. MAIDEN NAME Mary Warren
31 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Mildred Stolz. Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ryan Okla DATE Feb 2 1933

19. UNDERTAKER (ADDRESS) R. N. Campbell Marshall Mo.

20. FILED 1-31-1933 A. L. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1933

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest, 19....
~~I last saw h~~ alive on Jan 31, 1933 Death is said to have occurred on the date stated above, at 8 p m.
The principal cause of death and related causes of importance were as follows:

Suicide - (Gun Shot wound by own hand in head) 167

Date of onset

Other contributory causes of importance: 167

Name of operation X Date of X
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 1-30, 1933
Where did injury occur? 2 Miles North of Marshall Saline Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On public Hyway
Manner of injury Gun Shot wound
Nature of injury in head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X
(Signed) C. L. Lawless Coroner, ~~M.D.~~
(Address) Marshall 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.