

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

Do not use this space.

5844

1. PLACE OF DEATH
 485 County Jackson Registration District No. 399
 Town Jackson Primary Registration District No. 1002
 City Kansas (No. 913 E 17th Street) Registered No. 797 Ward ()
 2. FULL NAME Rayman Stalker
 (a) Residence, No. 913 E 17th St. 4 Ward. (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 Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1875
 7. AGE YEARS 57 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. 93
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 10
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Earl Bailey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Suzie Howard
 (ADDRESS) 913 E 17th
 18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lumber DATE 2/18 1933
 19. UNDERTAKER Walter T. M. Underhill Co
 (ADDRESS) 124 N. 1st St.
 20. FILED 2-17 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/33 1933
 22. I HEREBY CERTIFY, That I attended deceased from Duty Crown _____, 19____, at _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic fibrous myocarditis Date of onset _____
Pneumonia
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy yes
 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) Duty Crown M. D.
 (Address) _____

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.

