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

Do not use this space.

8573

File No. ____
Registered No. 207

Registration District No. 85
Primary Registration District No. 1001

1. PLACE OF DEATH
County Buchanan
Township ____
City St. Joseph, Mo. (No. 2010 South 9th Street, ____ St. ____ Ward)

2. FULL NAME John Stalders
(a) Residence, No. 2010 South 9th 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	67	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Monroe
(STATE OR COUNTRY) Wisconsin

FATHER
13. NAME John Stalders
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

17. INFORMANT Henry Stalders.
(ADDRESS) 2010 South 9th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland DATE March 16, 1933

19. UNDERTAKER Fleeman Funeral Home,
(ADDRESS) St. Joseph, Mo.

20. FILED 3-14, 1933 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1933, to March 12, 1933
I last saw him alive on March 12, 1933. Death is said to have occurred on the date stated above, at 6:10 m A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 or 5 days.
Diabetes	
Other contributory causes of importance:	
Arteriosclerosis	9 years

Name of operation not any Date of ____
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? ____ 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) Fenton Y. Gourdon, M. D.
(Address) 216 W 9th ave

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.

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