MARGIN RESERVED FOR BINDING

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.

MAY 22 1933

V. S. No. 2

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

Do not use this space.

13092

1. PLACE OF DEATH

45 County Howard — Registration District No. 376 — File No.

Township Prairie — Primary Registration District No. 4 2 24 A — Registered No.

City R.F.D. Glasgow (No. ..... St. ..... Ward)

2. FULL NAME William P. Stiennetz Stiennetz

(a) Residence, No. Glasgow Mo R.F.D. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred life 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~~ Eva Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1867

7. AGE: YEARS 66 — MONTHS 2 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo

FATHER

13. NAME Samuel Stiennetz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Alsace Lorraine

MOTHER

15. MAIDEN NAME Lezzetta Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Alice L. Skieler Boonville Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Glasgow DATE April 5 1933

19. UNDERTAKER (ADDRESS) Vardiver & Audsley

20. FILED April 5 1933 W M Dickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:20 P m.

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

	Date of onset
Sudden death	
Accident	
Struck by Car, Automobile	201

Other contributory causes of importance:

Skull Fracture

Name of operation ..... Date of .....

What test confirmed diagnosis? Fr Guest Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-3, 1933

Where did injury occur? Highway 20 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by Car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. C. Richards Coroner M. D.

(Address) Fayette Mo