

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Center mo
City Center (No. mo)

Registration District No. 725
Primary Registration District No. 5956

File No. 17503
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6, 1879

7. AGE YEARS 53 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmus
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) Ralls Co mo

13. NAME George Staats

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary M. H. Staats

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co

17. INFORMANT F. F. Staats (ADDRESS) Center mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland DATE May 9 1933

19. UNDERTAKER W. F. Church (ADDRESS) Center mo

20. FILED May 10 1933 J. T. Howard Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1933

22. I HEREBY CERTIFY, That I attended deceased from none 19 , to 19

I last saw h. _____ alive on _____, 19 Death is said

to have occurred on the date stated above, at 4 a. m.

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

Pneumonia of Lungs (Found dead in chair) 43 F Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Examination Was there an autopsy? no

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

Accident, suicide, or homicide? at home Date of injury _____

Where did injury occur? at home (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) J. M. Momoz (Coroner) X

(Address) Center mo

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