

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Salt River
City..... (No.....)

Registration District No. 4
Primary Registration District No. 3-001

File No. 22214
Registered No. 121
St. Ward)

2. FULL NAME

David Stonifer

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15th 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
Joseph Stonifer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER Joseph Stonifer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Julia Watson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14.

INFORMANT Mrs Joe Long
(Address) Hammond Mo

15.

FILED 7-18, 1933 Mrs C H Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12th 1933

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

suicide by arsenic poisoning

16^{hrs} (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16^{hrs} (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED THE PROSIS?

(Signed) Dr. Riley Corbett M.D.

7/12, 1933 (Address) Hotwell Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Paul Town Cem. 7/14 1933

20. UNDERTAKER ADDRESS

F. R. Easley Brushman.

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.

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