

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.

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

Do not use this space.

26129

1. PLACE OF DEATH

County Henry
Township Jackson
City St. Louis

Registration District No. 312

Primary Registration District No. 5431A

File No. _____

Registered No. 11

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. King City Mo. Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred all of life

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1858

7. AGE YEARS 75 MONTH 1 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Jan 1, 1933 11. Total time (years) spent in this occupation _____

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

13. NAME John Stahlman

14. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Elizabeth Doherty

16. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. D. Stahlman

18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE Aug. 8, 33

19. UNDERTAKER (ADDRESS) W. H. Pappert

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Aug. 6, 1933

that saw him alive on Aug. 1, 1933. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

cerebral arteriosclerosis Date of onset _____

Other contributory causes of importance: General arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. B. Sharkey, M. D.

(Address) King City, Mo.

