

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

Do not use this space.

28939

1. PLACE OF DEATH

14 County Callaway
Township Leysville
City Leysville (No.)

Registration District No. 105
Primary Registration District No. 5156

File No.
Registered No. 31
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 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 Edith Stueber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 | 6 | 5

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

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) Missouri

13. NAME G. W. Stueber

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

15. MAIDEN NAME Mildred Mettall

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

17. INFORMANT W. K. Stalwood (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mokane, Mo. DATE Sept 13, 1933

19. UNDERTAKER Geo. G. Wallace (ADDRESS) Fulton, Mo.

20. FILED 9 13 1933 W. W. Williams Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Never attended him.

I last saw him alive on 8/25/33, 1933. Death is said to have occurred on the date stated above, at 11/30 A.M.

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

Enlarged and infected prostate gland. Hypertention nephritis. Was operated, for prostate, about 3 years ago, at Barnes hospital, St. Louis Mo. Date of onset

Other contributory causes of importance:

132A
137
102

Name of operation History Date of No.
What test confirmed diagnosis? 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) Greene D. McCall
(Address) Fulton Mo.

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

OCT 20 1933

