

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.

NOV 10 1933

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

Do not use this space.

32647

1. PLACE OF DEATH
32 County De Kalb Registration District No. 5344
Township Pock Primary Registration District No. 262
City..... (No.....)..... St..... Ward.....

2. FULL NAME Alvero Frank Stire
(a) Residence, No..... St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 31 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 23 1898
7. AGE YEARS 35 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) Cornethaville (STATE OR COUNTRY) Pa
13. NAME Frank Stire
14. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Pa
15. MAIDEN NAME Susie S. Hart
16. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Pa
17. INFORMANT Susie S. Stire (ADDRESS) Union Star Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Oct 27 1933
19. UNDERTAKER Wm Stanton (ADDRESS) Clinton Pa
20. FILED 1026 1933 E. M. Reynolds Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1933
22. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to Oct 25 1933. I last saw him alive on Oct 25 1933. Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:
Infantile Paralysis
Osteo Arthritis
Date of onset 1919
1928
Other contributory causes of importance: 16
57A
Name of operation no Date of.....
What test confirmed diagnosis? Chincol 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) E. M. Reynolds M. D.
(Address) Union Star Mo

