WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 8 1933

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

Do not use this space.

36516
4436

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City, Mo. (No. 2031½ Indiana St. Ward)

2. FULL NAME Mary Shibe Stompoly

(a) Residence, No. 2031½ Indiana St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard Stompoly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. Unk 1888

7. AGE: 45 YEARS — MONTHS: ~~11~~ 10 — DAYS: Unk — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
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): Syria

FATHER

13. NAME: George Shibe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

MOTHER

15. MAIDEN NAME: Silver Wordy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syria

17. INFORMANT (ADDRESS): Family

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Woodland Cemetery. DATE Nov. 13 1933

19. UNDERTAKER (ADDRESS): Peter B Lapetina Mortuary 536 Campbell St. K.C. Mo

20. FILED 11-12 1933 M M Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Nov 10, 1933

I last saw her alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 9 a.m.

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

| | Date of onset |
|---|---|
| Occlusion of Coronary Arteries | 11-10-33 |
| Other contributory causes of importance: Arteriosclerosis + Myocarditis | 11-1-33 |

Name of operation: No — 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) J E Sheldon, M. D.
(Address) 922 Wal & K.C. Mo.