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 4 1934

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

Do not use this space.

37019
97

File No. 97
Registered No.

1. PLACE OF DEATH
County Lafayette
Township Lexington
City (No. St. Ward)
Registration District No. 461
Primary Registration District No. 5125

2. FULL NAME Lydia A. Stapleton

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

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 Marion Stapleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 31. 1859

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
74	7	6	

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. At Home
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) Johnson Co Mo

FATHER
13. NAME David Branham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Lucy Dixon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Mrs Walter Ellis
(ADDRESS) Lexington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Mo DATE Nov 9 1933

19. UNDERTAKER Ernest Yeager
(ADDRESS) Lexington Mo

20. FILED Nov 8 1933 Earl Bell Bates
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7. 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30th, 1933, to Nov. 7th, 1933
I last saw h. alive on Nov 6th 1933. Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

Heart attack — Date of onset Nov 7
180 B
95 B

Other contributory causes of importance:
Acute Colitis

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? No
If so, specify
(Signed) G. H. Bradmeadell, M. D.
(Address) Lexington Mo