

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

Do not use this space.

42404

1. PLACE OF DEATH

110 County Washington
Township Bretton
City St. Louis (No.)

Registration District No. 887
Primary Registration District No. 679

File No.
Registered No. 73 St. Ward)

2. FULL NAME

Christopher Columbus Stotler

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 18.49

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84. 9 1

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

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) Bullman Co.

13. NAME Conward Stotler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bullman Co.

15. MAIDEN NAME Elizabeth Leonard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bullman Co.

17. INFORMANT (ADDRESS) Henry Stotler, August M.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centy Rest Bur DATE Dec 8, 1933

19. UNDERTAKER (ADDRESS) Sparks + Sparks

20. FILED Dec 4, 1933 G. H. Russell Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov-15, 1933, to Dec. 3, 1933

I last saw him alive on Dec. 2, 1933 Death is said to have occurred on the date stated above, at 3.0 am.

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

Shronic nephritis
131
97
131
Other contributory causes of importance: 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 Joseph L. Thurman, M. D.
(Signed) Joseph L. Thurman, M. D.
(Address) Potosi, Mo.

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.

