

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

Do not use this space.

615

1. PLACE OF DEATH

County Cooper Registration District No. 218
 Township _____ Primary Registration District No. 3015
 City Boonville (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 62 yrs. 9 mos. 27 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Stammerjohn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 3 - 1871</u>		
7. AGE	YEARS	MONTHS
	<u>62</u>	<u>9</u>
		DAYS
		<u>27</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brick Mason</u>	
	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) <u>Aug 1933</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boonville Mo.</u>		
FATHER	13. NAME <u>Claus Stammerjohn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denmark</u>	
MOTHER	15. MAIDEN NAME <u>Emma Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia</u>	
17. INFORMANT <u>C. Stammerjohn</u> (ADDRESS) <u>Boonville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>Feb 1 - 1934</u>		
19. UNDERTAKER <u>Goodman & Baller</u> (ADDRESS) <u>Boonville Mo</u>		
20. FILED <u>Jan 31</u> , 1934 <u>D. B. W. Z. G. W. Z.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30th 1934

I HEREBY CERTIFY that I attended deceased from Jan 27 - 1934, to Jan 30th, 1934
 I last saw him alive on Jan 30th, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular heart disease
 Date of onset _____

Other contributory causes of importance: 97

Name of operation none Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) L. A. Lugg M. D.
 (Address) Boonville 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

27 1934

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