

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

Do not use this space.

3619

1. PLACE OF DEATH

County Shannon Registration District No. 824
Township Massie Gro. Primary Registration District No. 6076
City (No.) St. Ward

File No.
Registered No.

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX SM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>60</u>	<u>11</u>	<u>13</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farm
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) Texaco County
(STATE OR COUNTRY) Missouri

13. NAME Albert Staples

14. BIRTHPLACE (CITY OR TOWN) Norwich Conn.
(STATE OR COUNTRY)

15. MAIDEN NAME Amy Walls

16. BIRTHPLACE (CITY OR TOWN) Northham Ohio
(STATE OR COUNTRY) Pike County

17. INFORMANT Mrs. Essie Queto
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Staples Cemetery DATE 1-24-34

19. UNDERTAKER None
(ADDRESS)

20. FILED 1-23-1934 Frank Lloyd
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-23-1934

22. I HEREBY CERTIFY That I attended deceased from Aug 7-1933 to 1-22-1934
I last saw alive on Jan-1-1934. 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:

Carcinoma of Liver Date of onset

APLE
Other contributory causes of importance:

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
(Signed) Frank Lloyd, M. D.
(Address)

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.

FEB 27 1934

