

MAR 24 1934

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

Do not use this space.

5398

## 1. PLACE OF DEATH

County Jasper  
Township Galena  
City Joplin

Registration District No. H 11Primary Registration District No. 2002

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. John W. Stults  
(Usual place of abode) 909 Raymond Road St. Johns Hospital  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edgar Gabriel Stults</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11 - 1837</u>		
7. AGE YEARS <u>96</u>	MONTHS <u>7</u>	DAYS <u>12</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>Stop</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Thomas Stults14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Mrs. Marnie James  
(ADDRESS) Hardesty Cir18. BURIAL, CREMATION, OR REMOVAL PLACE Harvesty Cir DATE Feb 27, 193419. UNDERTAKER Frank - super  
(ADDRESS) Mo.20. FILED 2-27, 1934 Eed James  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 193422. I HEREBY CERTIFY That I attended deceased from Feb. 13, 1934 to Feb. 23, 1934I last saw him alive on Feb. 22, 1934. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Prostatic obstruction of  
ureters - urinary infection.  
Date of onset 5

Other contributory causes of importance: 137Name of operation none Date ofWhat test confirmed diagnosis? clinical 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 no(Signed) Leif L. Neff, M. D.(Address) Joplin, 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 IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD

