

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

Do not use this space.

8323

1. PLACE OF DEATH

County..... Cole Registration District No. 213
 Township..... Jefferson Primary Registration District No. 3014
 City..... (No. 5293 St. Ward)

File No. 90
 Registered No.
 St. Ward)

2. FULL NAME Herbert George Stites

(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 <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>Dorothy Stites</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct-24-1909</u>		
7. AGE YEARS <u>24</u>	MONTHS <u>1</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Deck hand on U.S. Boat</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer</u>		
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) <u>St. Joseph, Missouri</u>		
13. NAME <u>Not Known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Not Known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS) <u>Dorothy Stites Kansas City, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>March-15-1934</u>		
19. UNDERTAKER (ADDRESS) <u>Thompson & Gordon Jefferson City, Mo</u>		
20. FILED <u>3/14/34</u> 19 <u>34</u> <u>D. B. Bradford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) March 3-12-1934

22. I HEREBY CERTIFY, That I attended deceased from I did not attend. 1934,
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Apparently drowning
Body was found lodged
between drift wood
Government dam
Near Cole Junction
 Other contributory causes of importance:
No past illness
known
or where death occurred.
 (Name of operation) Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide Unknown Date of injury 19.....
 Where did injury occur? Unknown
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Unknown
 Manner of injury Unknown
 Nature of injury Unknown

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None
 (Signed) D. R. E. Weaver M.D.
 (Address) Russellville 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.

THIS IS A PERMANENT RECORD

25 1934

