

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.

MAY 25 1964

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

Do not use this space.

11753

1. PLACE OF DEATH

County North
Township Union
City Union (No. _____, _____ St. _____ Ward _____)

Registration District No. 905
Primary Registration District No. 6296

File No. _____
Registered No. _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12 1898</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>2</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>Drum maker</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) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Smithton
(STATE OR COUNTRY) North County, Mo.

13. NAME Wm. J. Staats

14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY) Del.

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE (CITY OR TOWN) Del.
(STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) W. Braun

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 3/10 1964

19. UNDERTAKER (ADDRESS) Braun Bros

20. FILED 4/14 1964 Bym Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 1964

22. I HEREBY CERTIFY, That I attended deceased from _____, 1964, to March 9, 1964

I last saw her alive on March 7, 1964. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Senile Dementia
& Paralysis (general)

Other contributory causes of importance: g d

Name of operation none Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. K. Phlips, M. D.

(Address) Grant City Mo

FARMERS PRODUCE COMPANY

POULTRY, EGGS AND CREAM

FLOUR & FEED

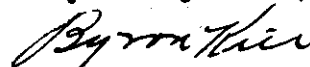
Denver, Mo. Oct 8 th 1934

State Board of Health
Jefferson City
Mo.

Gentlemen:

The Physician that cared for this person has died,there fore it is impossible to get any further information regarding the cause of this death.

Very Truly Yours,



Registrar

5-(2)11753

Worth

11753

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Hannah StaatsDied at _____ on Mar 9-1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: S

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Senile Dementia + paralysis (general)

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar _____ Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 905

E. T. McGaugh

State Registrar

Primary Reg. Dist. No. 6216

Special Agent.

5-(2) 11753