

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

Do not use this space.

17582

**1. PLACE OF DEATH**

75 County Weyerer  
Township Hoble  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 636  
Primary Registration District No. 5841

File No. ....  
Registered No. 20

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward ..  
(Usual place of abode)

Ralph Stotter

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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Stotter

22. I HEREBY CERTIFY, That I attended deceased from .., 19.., to .., 19..

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1885

I last saw h. .... alive on .., 19.. Death is said to have occurred on the date stated above, at 11 p. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .. hrs. or .. min. 48 7 13

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

Gum lat wound in right ear - Right side. Infected.

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 .. ..

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter County

13. NAME Adrian Russell Stotter

Name of operation .. Date of ..

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford, Cant.

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

15. MAIDEN NAME Margaret Whitbeck

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .. Date of injury .., 19..

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ill.

Where did injury occur? .. (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Rosie Stotter

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bagley DATE May 6 1934

Manner of injury .. Nature of injury ..

19. UNDERTAKER (ADDRESS) Harlie Carrigan

24. Was disease or injury in any way related to occupation of deceased? .. If so, specify ..

20. FILED 6/10 1934 Emesh Bailey Registrar

(Signed) L. C. Carrigan M.D.

(Address) Crown Thayer

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1934

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Oregon  
Township Judge  
City Ralph Stattler (No.         )

Registration District No. 636  
Primary Registration District No. 5841

File No.           
Registered No. 20  
St.          Ward         

**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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from         , to         , 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)         

I last saw h..... alive on         , 1934. Death is said to have occurred on the date stated above, at          m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
48 7 13

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

gunshot wound  
bullet in right ear at side  
bullet in forehead

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         

Other contributory causes of importance:         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)         

13. NAME         

Name of operation          Date of         

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

What test confirmed diagnosis?          Was there an autopsy?         

15. MAIDEN NAME         

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 1934

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

Where did injury occur?          (Specify city or town, county, and State)

17. INFORMANT (ADDRESS)         

Specify whether injury occurred in industry, in home, or in public place. in home

18. BURIAL, CREMATION, OR REMOVAL PLACE          DATE          1934

Manner of injury gun shot through ear  
Nature of injury ear right side

19. UNDERTAKER (ADDRESS)         

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

20. FILED 6/10 1934 Enoch Bailey Registrar

(Signed)         , M. D.  
(Address)         

**SUPPLEMENTARY**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION OF DEATH very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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