

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.

JUN 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Allen
City Denver Mo. (No. St. Ward ..)

Registration District No. 90.3

Primary Registration District No. 6.5.12

File No.

Registered No.

19318

2. FULL NAME

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

Dec. 13th 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

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

Resides on
County Farm
for years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

for years

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)

Juda Wisconsin

13. NAME

Martin Stull

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

Fayetteville
Mo.

15. MAIDEN NAME

Mary Hammer

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

Fayetteville
Mo.

17. INFORMANT (ADDRESS)

Fred Stull

18. BURIAL, CREMATION, OR REMOVAL

PLACED Horton Cemetery DATE 5-28-34

19. UNDERTAKER (ADDRESS)

Andrew
Grant City Mo.

20. FILED

5/28 1934 Fred Stull
Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

5-26-1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1934, to May 26 1934

I last saw him alive on 5-23-1934 Death is said

to have occurred on the date stated above, at 8 a. m.

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

Senile Dementia
85
84

Date of onset
1915

Other contributory causes of importance

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

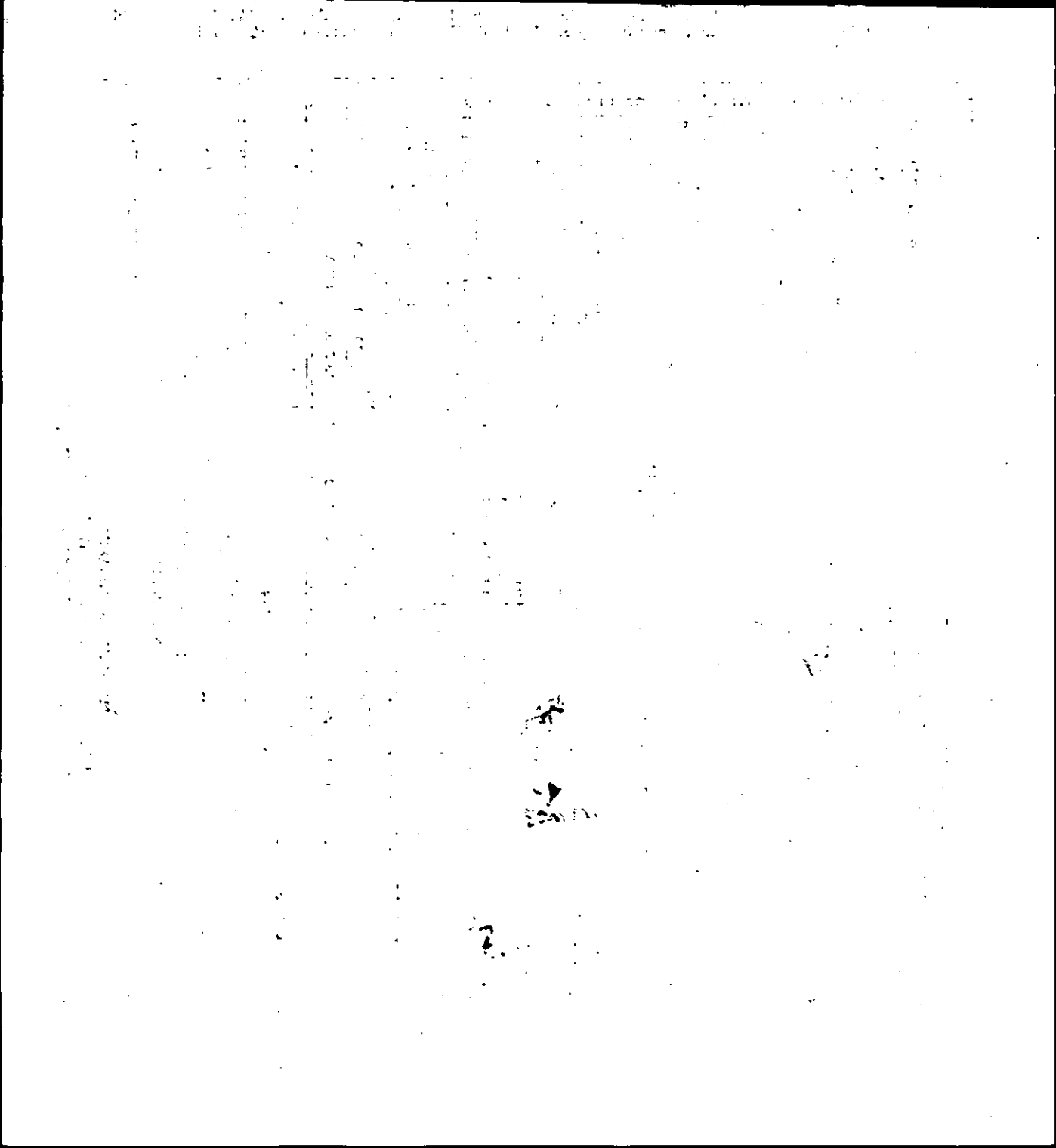
Nature of injury

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

If so, specify

(Signed) J. K. Phipps M. D.

(Address) Grant City, Mo.



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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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 Warth

Registration District No. 905

Township

Primary Registration District No. 6216

City

(No.

St.

Ward)

2. FULL NAME

(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

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

s

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

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

Dec 13 - 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

63

5

10

OCCUPATION

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

Resided at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

County Farm
Far Cedar

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)

Juda
Wisconsin

FATHER

13. NAME

Martin Steell

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

Fayetteville
Ark

15. MAIDEN NAME

Mary Huber

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

Fayetteville
Ark

17. INFORMANT (ADDRESS)

Fred Steell

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1934

Harlem Cem 5/28

19. UNDERTAKER (ADDRESS)

Andrews
Front City mo

20. FILED

July 6, 1934 Byron Kie

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1934 to May 26, 1934

I last saw him alive on May 23, 1934 Death is said

to have occurred on the 26th of May, at 8 m.

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

Date of onset

1915

Other contributory causes of importance:

6 phylipsy

Name of operation

none

Date of

What test confirmed diagnosis?

Chemical

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)

(Address)

J. K. Phillips
Front City mo

M. D.

S-19318