

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

22915

1. PLACE OF DEATH

County Texas
Township Jackson
City Jackson (No. 2)

Registration District No. 1171
Primary Registration District No. 6145

File No. 22915
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John B. Staighen
(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? 50 yrs. 3 mos. — ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED—WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Mary Staighen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar - 31 - 1874

7. AGE YEARS 30 MONTHS 2 DAYS — IF LESS than 1 day, _____ hrs. or _____ min.

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

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) (STATE OR COUNTRY) Chicago Ill

13. NAME John Staighen

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

15. MAIDEN NAME Emma Beckett

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

17. INFORMANT (ADDRESS) John Staighen

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark DATE July 1 1934

19. UNDERTAKER (ADDRESS) G. V. Elliott

20. FILED July 1st 1934 Mrs. Dora Hegarty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30th, 1934

22. I HEREBY CERTIFY That I attended deceased from June 26, 1934, to June 30, 1934

I last saw him alive on June 29, 1934. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Jaunderic
Hepatic
W.L.
1250 46

Other contributory causes of importance: Carcinoma

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) D. Parker D.C.
(Address) Houston Mo.

