

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.

AUG 14 1934 9087

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township.....  
City St. Joseph, (No. 1202 North 10th.)

Registration District No. 85  
Primary Registration District No. 1001

File No. 23322  
Registered No. 829  
St. .... Ward)

2. FULL NAME Myra Lewis Stallard,

(a) Residence, No. 1202 North 10th St., ..... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Burrel William Stallard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17, 1837</u>		
7. AGE YEARS <u>97</u>	MONTHS <u>0</u>	DAYS <u>2</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>Housekeeping</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</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) Unknown, Kentucky,

13. NAME William Robertson,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

15. MAIDEN NAME Jane Madison,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT (ADDRESS) Julian H. Stallard  
1202 North 10th Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE July 21, 19 34

19. UNDERTAKER (ADDRESS) Hester - Behrle 153 Broadway  
519 So. 10th St. Funeral Home

20. FILED WJL 21 1934 John R. Dondos  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934, to July 19, 1934  
I last saw her alive on July 19, 1934 Death is said to have occurred on the date stated above, at 8:30 am.  
The principal cause of death and related causes of importance were as follows:

Senescence  
191  
102  
191  
Other contributory causes of importance:  
Senescence

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?  
If so, specify .....  
(Signed) Ag. E. Baughman, M.D.  
(Address) St. Joseph, Mo.



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