

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township West
City West City (No. _____)

Registration District No. 417
Primary Registration District No. 3021

File No. 25153
Registered No. 20
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 915 C Ball 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1877
7. AGE YEARS 57 MONTHS 5 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME W. J. Duncan

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

15. MAIDEN NAME Stalmeier

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

17. INFORMANT Frank Ward (ADDRESS) West City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grange Cem DATE 7/26 1934

19. UNDERTAKER West City Mort Co. (ADDRESS) West City, Mo

20. FILED 7-26 1934 J. L. Craig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY That I attended deceased from July 24, 1934, to July 24, 1934

I last saw him alive on July 24, 1934. Death is said

to have occurred on the date stated above, at 6:00 m.

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

Chronic Myocarditis
Date of onset _____

Other contributory causes of importance: 73 C

Name of operation _____ Date of _____

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

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

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) C. J. Brown

(Address) Webb City, Mo

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.

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

AUG 14 1934

