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.

5

SEP 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Barry — Registration District No.: 37 — File No.: 28233

Township: Sugar Lake — Primary Registration District No.: 5032 — Registered No.: 6.

City: ~~Seligman~~ (No. ..... St. ..... Ward)

2. FULL NAME Trudy Calvin Stapleton

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 18

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 19

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) Harfield, Ark.

FATHER

13. NAME E. P. Stapleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Mo

MOTHER

15. MAIDEN NAME Rodgers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harfield, Ark.

17. INFORMANT (ADDRESS) E. P. Stapleton, Seligman, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seligman DATE ..... 19..

19. UNDERTAKER (ADDRESS) W. D. Kaye, Cassville, Mo

20. FILED 8/19, 1934 S. R. Osborne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1934, to Aug 19, 1934

I last saw him alive on August 19, 1934. Death is said to have occurred on the date stated above, at 5:45 a.m.

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

	Date of onset
Delirium, traumatic	

Other contributory causes of importance:

Cerebral meningitis caused by Skull fracture

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 5, 1934

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

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

in Public place

Manner of injury Skull cerebral contusion

Nature of injury and basal fracture

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify .....

(Signed) Dr. Chas. R. Brown M.D.

(Address) Seligman Mo.

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Barry

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Freedy Calvin Stapleton

Who died at _____ on Aug. 19 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single, married~~, widowed ~~or divorced~~: _____

Date of birth _____ Age: Years 36 Months 11 Days 14

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Missouri

Birthplace of father (State or country) Illinois

Birthplace of mother (State or country) Illinois

Principal cause of death: Fell down concrete steps landing on head.

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

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

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar C. R. Osborne (8/15/1934) Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 36

Primary Reg. Dist. No. 5858

Very truly yours,

E. T. McGaugh M.D.

Special Agent.

S-28238

S-28238