

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

Do not use this space.

30374

SEP 15 1934

1. PLACE OF DEATH

County Platts Registration District No. 677 File No. _____
Township _____ Primary Registration District No. 4403 Registered No. 97
City Rolla (No. _____) St. _____ Ward _____

2. FULL NAME Louis Stinson

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1925
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 7 4 _____

OCCUPATION
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. _____
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) Newburg Mo

MOTHER FATHER
13. NAME Columbus Stinson

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

15. MAIDEN NAME Lenna Ragau

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

17. INFORMANT Mrs C. Stinson (ADDRESS) Newburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg Mo DATE 9/1 1934

19. UNDERTAKER Harry R. McCaw (ADDRESS) Rolla Mo

20. FILED Sept 1 1934 Jos. F. Ayers Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 10 1934 to Aug 31 1934
I last saw him alive on Aug 20 1934 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Endocarditis
57B

Other contributory causes of importance: Chronic Rheumatism

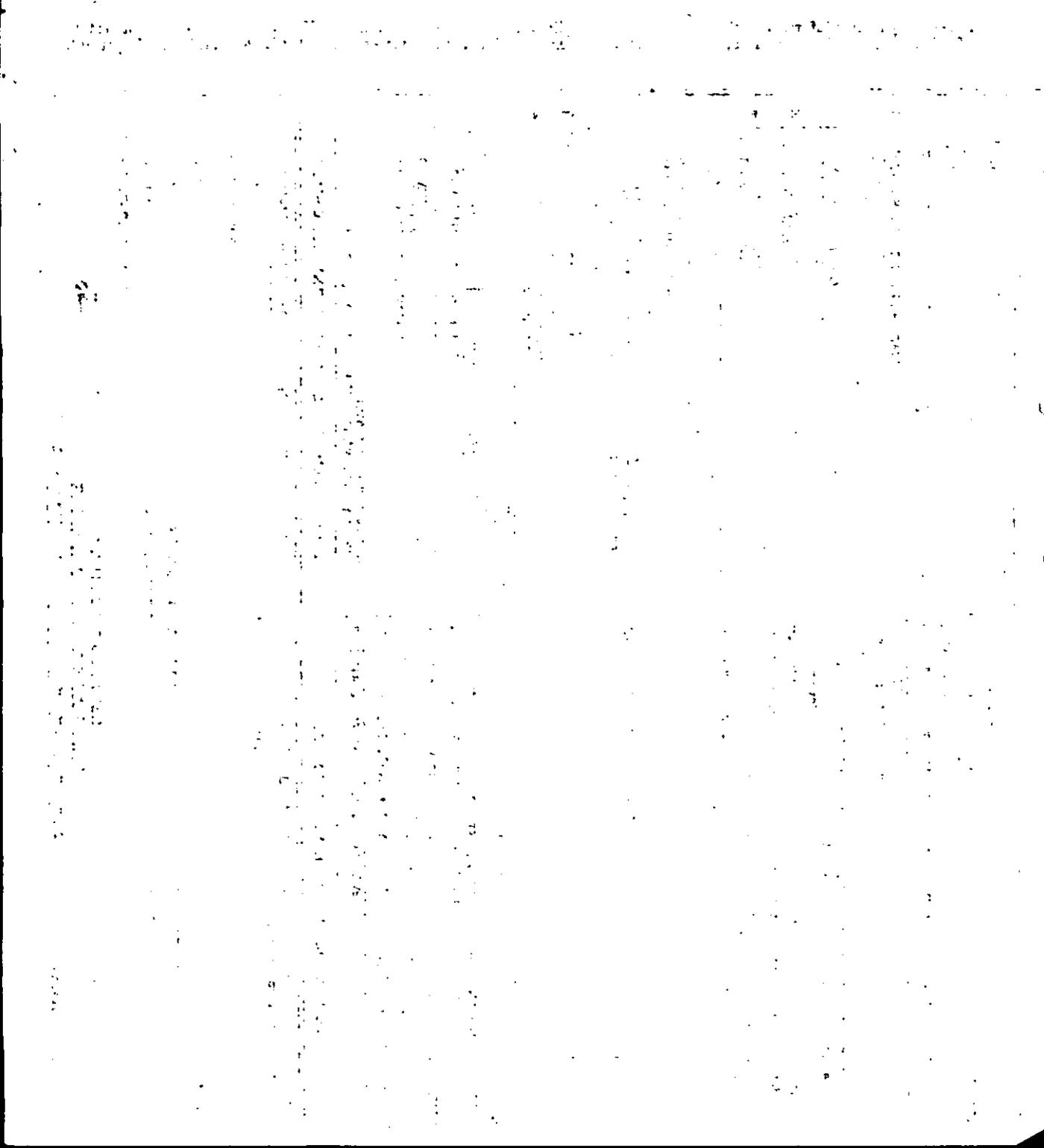
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) R. E. Brewer M. D.
(Address) Newburg 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.



Phelps

WASHINGTON

97

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: Louis Stenson
Who died at _____ on Aug 31 - 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 9 Months 7 Days 4

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 9 Year 1934
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Chronic Endocarditis
1913 R&B

Other contributory causes of importance Chronic Rheumatism
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 Dr. R. E. Brewer
Address of physician Neosho, Mo.

X Signature of Registrar Joe F. Ayers Date filed Oct. 11, 1934

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. 677

Very truly yours,

Primary Reg. Dist. No. 4403

E. T. McLaugh
State Registrar
Special Agent.

S-30374

S-30374

FOR FIELD USE