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

DEC 26 1934

Do not use this space.

38523

1. PLACE OF DEATH
County Boone — Registration District No. 79 — File No. 38
Township Bourbon — Primary Registration District No. 4047 — Registered No.
City Sturgeon (No. ..... St. ..... Ward)

2. FULL NAME Eliza Jane Staggs
(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 F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 18 A 6 July 6

7. AGE — YEARS 88 — MONTHS 4 — DAYS 8 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. No Occupation
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) Dant Knowe

FATHER
13. NAME Dant Knowe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un Knowen

MOTHER
15. MAIDEN NAME Dant Knowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dant Knowe

17. INFORMANT (ADDRESS) Mrs. Amy Rollins Sturgeon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Horeb Cem. DATE Nov. 15 1934

19. UNDERTAKER (ADDRESS) Barnes & Boatte Sturgeon Mo.

20. FILED Nov. 15 1934 E. N. Gentry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1934 to Nov 14 1934
I last saw her alive on Nov 14 1934. Death is said to have occurred on the date stated above, at 12 30 m.
The principal cause of death and related causes of importance were as follows:

Acute Congestion Lungs — Date of onset Nov 13
MB
Nov 1 1 1 b

Other contributory causes of importance:
Age

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 ....., 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) A. R. McCormack, M. D.
(Address) Sturgeon Mo