

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

Do not use this space.

DEC 21 1934

1. PLACE OF DEATH

County Vernon
Township Washington
City None

Registration District No. 875
Primary Registration District No. 6162

File No. 41739
Registered No. 234
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 101 West St., _____ Ward.

Length of residence in city or town where death occurred 5 yrs. 10 mos. 29 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27, 1881

7. AGE YEARS 53 MONTHS 7 DAYS 23 If LESS than 1 day, _____ hrs. _____ min.

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

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) Blue Eye Mo. (STATE OR COUNTRY) _____

13. NAME Wm Stilwell

14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) _____

15. MAIDEN NAME Mary Garford

16. BIRTHPLACE (CITY OR TOWN) Ken. (STATE OR COUNTRY) _____

17. INFORMANT Thomas Stilwell (ADDRESS) Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauline DATE Nov. 19, 1934

19. UNDERTAKER Reichinger Funeral Home (ADDRESS) Nevada Mo

20. FILED Nov. 19, 1934 M. Reichinger Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1928 to Nov. 19, 1934, 1934.

I last saw him alive on _____, 1934. Death is said to have occurred on the date stated above, at 9:59 a.m.

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

Chronic obstruction of lower bowel Date of onset 13 years
1921
1928
1934

Other contributory causes of importance: Emaciation - myocardial insufficiency

Name of operation Celestomy Date of 1921

What test confirmed diagnosis? Clinical 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? no If so, specify _____

(Signed) W. P. Hill M. D. (Address) Merrell, Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Vernon Registration District No. 875
 Township Primary Registration District No. 6162
 City (No. State Hoop # 3) St. Ward)

File No.
 Registered No. 234

2. FULL NAME

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

Albert Stillewell

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 7 23

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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 11-19 1934 McEichinger Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I ~~DO~~ **CERTIFY**, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at.....m.

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

Chy obstruction of lower bowel
"Pathological" - the exact nature never established.
 Other contributory causes of importance:
 Date of onset
1925

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?
 If so, specify

(Signed) J. T. O'Dell M. D.
 (Address) Nevada, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 31 1935

5-41739

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE
WASHINGTON, D. C.

JAN 31 1935