

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

Do not use this space.

42576

1. PLACE OF DEATH  
34 County Henry Registration District No. 309  
Township Athens Primary Registration District No. 5427  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Rachael M. Staley  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Staley  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1851  
7. AGE YEARS 83 MONTHS 9 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
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) Ohio

13. NAME Wm. Smothers

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Hannah M. Brinkley

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. C. M. Stowers (ADDRESS) Staley 240 17th

18. BURIAL, CREMATION, OR REMOVAL High Bridge Stoney Creek PLACE DATE 12-22-34

19. UNDERTAKER Staley & Brinkley (ADDRESS) Staley & Brinkley

20. FILED 12/21/1934

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934 to Dec 21, 1934

I last saw him alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Broncho Pneumonia  
10773

Other contributory causes of importance: 10773

23. 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? NO 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 \_\_\_\_\_

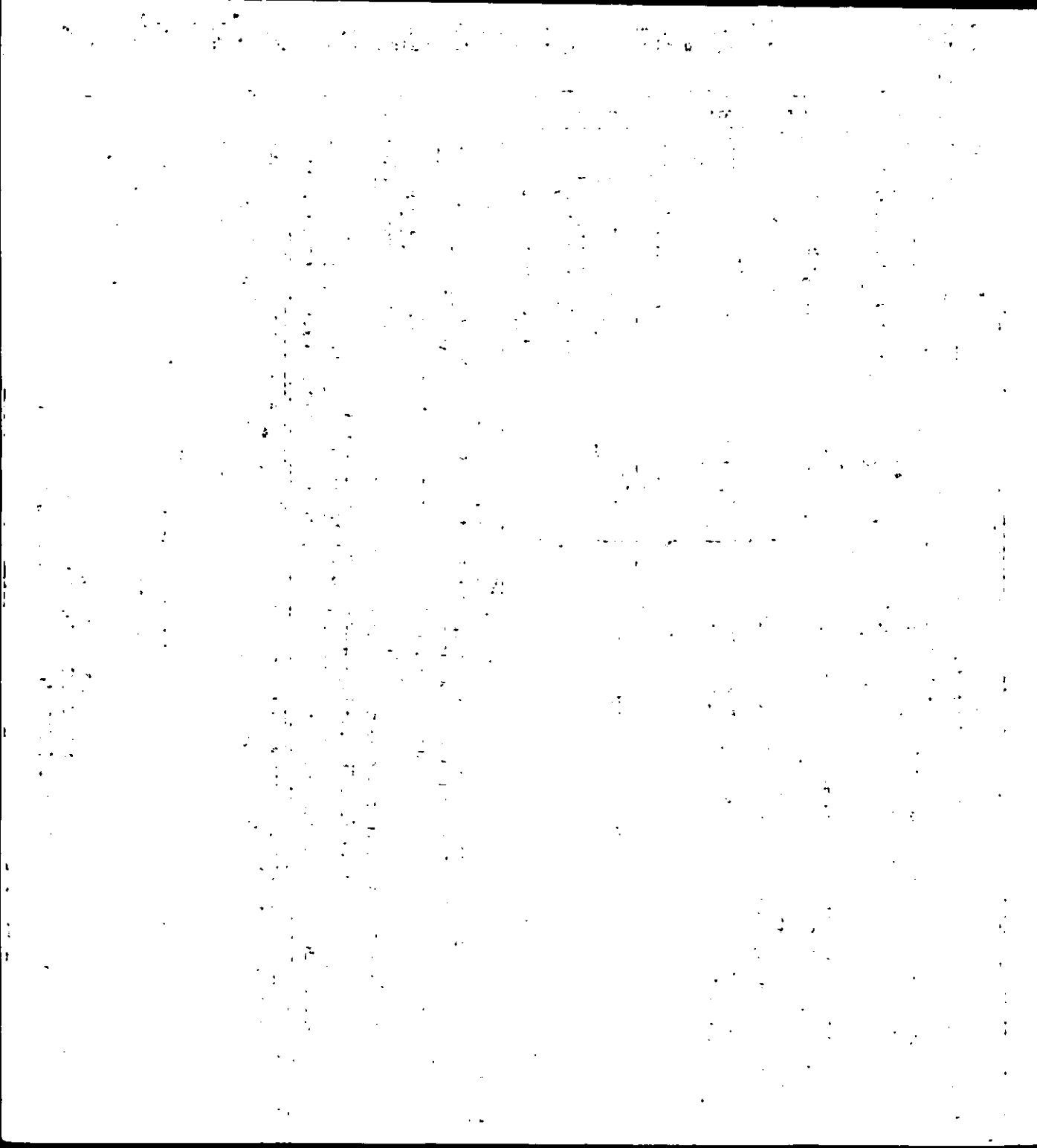
24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) J. E. Frank, M. D.

(Address) Albany, 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.



**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 Lentz  
Township         
City        (No.       )

Registration District No. 309  
Primary Registration District No. 5427

File No.         
Registered No. 62  
St.        Ward       

**2. FULL NAME**

(a) Residence, No.        St.         
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.        (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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.  
83 9 28

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)**

**13. NAME**

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

**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**

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY 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:

Date of onset       

Other contributory causes of importance:       

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        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)       , M. D.

(Address)       

Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

**SUPPLEMENT**

This was filed in my Book of registers  
Deaths Dec. 31, 1934  
W. T. Martin  
July 30, 1935  
W. T. Martin  
Regist.

JAN 2 1935

S-42574

Q.