

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

Do not use this space.

FEB 25 1935

915

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Campbell Primary Registration District No. 2001 File No. _____
 City Springfield (No. Baptist Hospital) St. _____ Registered No. 14 Ward _____

2. FULL NAME Jessie Stogsdill

(a) Residence, No. R.F. D. 3-Miangua St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Hospital mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Stogsdill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8, 1906</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>8</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>January 4-35</u>	11. Total time (years) spent in this occupation _____ %
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamilton, Kansas</u>		
FATHER	13. NAME <u>W. P. Shook</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas County Mo</u>	
MOTHER	15. MAIDEN NAME <u>Lydia Hughes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Webster County Mo</u>	
17. INFORMANT (ADDRESS) <u>Brooks Shook</u> <u>Elwood, Missouri.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miangua</u> DATE <u>Jan. 15 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Ray D. Rainey</u> <u>Marionville, Missouri</u>		
20. FILED <u>1-15-35</u> 19 <u>35</u> <u>Putnam</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935, to Jan 14, 1935.
 I last saw her alive on Jan 12, 1935. 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:
Pneumonia - lobes Jan 10
108

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 industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease of injury in any way related to occupation of deceased? _____
 If so, specify Ray D. Callaway
 (Signed) _____, M. D.
 (Address) Springfield 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.

WHILE ENTERING THIS IS A PERMANENT RECORD

Thurs -- 10'clock

Methodist Church - Mangan

Painford

25