

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.

APR 19 1935

9748

1. PLACE OF DEATH

County Linn Registration District No. 496
Township Brookfield Primary Registration District No. 3.0.25
City Brookfield (No. 419 S. Clinton) St. 4 Ward

File No. _____
Registered No. 81
St. 4 Ward

2. FULL NAME

Rachael Stufflebean

(a) Residence, No. 419 S. Clinton St. 4 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/2/1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 16

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) Linn Co. Mo.

13. NAME James Baker
Dont Know

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

15. MAIDEN NAME Ester Baker-

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know Ind.

17. INFORMANT (ADDRESS) James Baker Brookfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 3/19/35

19. UNDERTAKER (ADDRESS) G. White Brookfield

20. FILED 3-18 1935 - J. Lucas, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15- 1935 to 3-17 1935

I last saw her alive on Mar 17 1935. Death is said to have occurred on the date stated above, at 12:30 A.M.

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

Chr. Myocardial Degeneration Date of onset Unknown

Other contributory causes of importance:

Name of operation None Date of _____
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) James Lucas M. D.
(Address) Brookfield, Mo.

