

JUN 19 1935

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

Do not use this space.

15769

1. PLACE OF DEATH

County Callaway  
Township Bedon  
City Stubblesfield (No. \_\_\_\_\_)

Registration District No. 109  
Primary Registration District No. 5-15-6

File No. \_\_\_\_\_  
Registered No. 567  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Michael Beure Stubblesfield

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora Stubblesfield</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29-1853</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. <u>Retired farmer</u>			
	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) <u>Jan 14-20</u>		11. Total time (years) spent in this occupation <u>25</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>				
MOTHER	13. NAME <u>Not known</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
	15. MAIDEN NAME <u>Not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
17. INFORMANT <u>Mr. Francis Phillips</u> (ADDRESS) <u>New Blountfield, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Blountfield</u> DATE <u>May 31 1935</u>				
19. UNDERTAKER <u>Raymond Holt</u> (ADDRESS) <u>New Blountfield</u>				
20. FILED <u>June 16 1935</u> <u>W. H. Ruck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to May 28 1935  
I last saw him alive on May 28 1935. Death is said to have occurred on the date stated above, at 1:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Esoph Date of onset Not known

Other contributory causes of importance: Wo

Name of operation Esophagectomy Date of May 16-1935  
What test confirmed diagnosis? Ulcerat Was there an autopsy? No

28. 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 \_\_\_\_\_

29. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify 9. New Blount, M. D.  
(Signed) \_\_\_\_\_ (Address) New Blountfield Mo

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.

