

1935 2 1 1935

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

Do not use this space.

20301

1. PLACE OF DEATH

59 County Swainson Registration District No. 508
Township Chillicothe Primary Registration District No. 3026
City Chillicothe (No. _____) St. _____ Ward _____

File No. _____
Registered No. 71

2. FULL NAME

Elizabeth Jane Stapleton

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Roanoke West Va

13. NAME John Stanley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mary Stapleton Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Plain View Cemetery DATE June 9, 1935

19. UNDERTAKER (ADDRESS) James Gordon Chillicothe Mo

20. FILED June 8, 1935 Harold Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1935

22. I HEREBY CERTIFY That I attended deceased from June 3, 1935, to June 6, 1935
I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

AT

Other contributors, causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? st 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) Harold Mitchell, M. D.
(Address) Chillicothe 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.

2200

