

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.

AUG 16 1935

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

Do not use this space.

22557

67

1. PLACE OF DEATH

County Dade Registration District No. 237
Township Center Primary Registration District No. 5323
City Greenfield (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
X 1 6

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) Greenfield, Mo.

13. NAME Ralph J. Stahlman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield, Mo.

15. MAIDEN NAME Martha Morrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

17. INFORMANT Raymond Stahlman (ADDRESS) Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayes Cem. DATE July 25, 1935

19. UNDERTAKER J. W. Ward (ADDRESS) Greenfield, Mo.

20. FILED July 25, 1935 W. L. Weil Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1935, to July 24, 1935

I last saw him alive on July 18, 1935. Death is said to have occurred on the date stated above, at 3 p. m.

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

Premature Infant
1501
Date of onset _____

Other contributors causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Sh. J. Cowan (Signed) _____, M. D.

(Address) Greenfield Mo

