

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

35038

DEC 19, 1935

1. PLACE OF DEATH  
 County Aitchison Registration District No. 17  
 Township Dale Primary Registration District No. 5022  
 City (No. St. Ward)

2. FULL NAME Loreana Dowell Stamper  
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mervena (Davis) Stamper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
	<u>76</u>	<u>6</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

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) Lee Co. Va.

FATHER

13. NAME Jas. M. Stamper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Va.

MOTHER

15. MAIDEN NAME Lydias Louisa Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Va.

17. INFORMANT (ADDRESS) Mrs. Howard Jones, Ill. Chicago, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE Nov. 17 1935

19. UNDERTAKER (ADDRESS) H. N. Decker, Fairview, Mo.

20. FILED 11-17 1935 Betta B. Black Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8 1935, to 11-17 1935.  
 Last saw him alive on 11-11 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Owen Hunter, M. D.  
 (Address) Fairfax, Mo.

Date of onset  
Feb. 1935

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.

