NOV 19 1935

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

Do not use this space.

35359

1. PLACE OF DEATH
County Calloway
Township Cedar
City ..... (No. ..... St. ..... Ward)

Registration District No. 109
Primary Registration District No. 5158

File No. .....
Registered No. 576

2. FULL NAME Monroe Parson Stubblefield

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hanna Stubblefield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1-1866

7. AGE 15

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) Jan 1920
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Fielding M. Stubblefield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Hunter

MOTHER

15. MAIDEN NAME Cecelia McKee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs James Childs New Bloomfield

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Hill DATE Nov 5 1935

19. UNDERTAKER (ADDRESS) Ray A. Holt New Bloomfield

20. FILED Nov 10 1935 Ward Rush Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1935, to Nov 3, 1935
I last saw h. alive on Nov 3, 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance: General Arteriosclerosis

Name of operation — 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) Ward Rush, M. D.
(Address) New Bloomfield 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.