

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.

DEC 21 1935

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

Do not use this space.

36945

File No. 354
Registered No. 668
St. _____ Ward)

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 116, 4)

2. FULL NAME

Frederick Stallard

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Helen Stallard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11-1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 5 12

OCCUPATION
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) England

MOTHER FATHER
13. NAME Chas. Stallard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Beit S. Stallard (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 11-25 1935

19. UNDERTAKER Mc Laughlin Bros. (ADDRESS) Sedalia

20. FILED Nov 25 1935 Frank Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1935 to Nov 23 1935
I last saw him alive on Nov 22 1935 Death is said to have occurred on the date stated above, at 2:30 pm.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Oct 1935

Other contributory causes of importance: 945

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. L. Walter, M. D.
(Address) Sedalia Mo

