

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

Do not use this space.

1984

FEB 19 1936

**1. PLACE OF DEATH**

County Lamar  
Township Pine  
City (No. ....) St. .... Ward)

Registration District No. 471  
Primary Registration District No. 5084

File No. TH  
Registered No. 40

**2. FULL NAME**

Charles L Stoops

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
57 1 1

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) Pine City, Mo.

FATHER  
13. NAME Leo Stoops

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

MOTHER  
15. MAIDEN NAME Ann Little

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine City, Mo.

17. INFORMANT Mrs. Mrs. Stoops  
(ADDRESS) Pine City, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE City Cemetery DATE Jan 31 1936

19. UNDERTAKER J. H. H. H. H.  
(ADDRESS) Pine City, Mo.

20. FILED Jan 31 1936 E. D. Wright  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936, to Jan 29, 1936.  
I last saw him alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 3:25 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction Date of onset 1-27-36

Other contributory causes of importance  
Chronic Pulmonary Tuberculosis

Heart advanced with large cavity in left ventricle

Name of operation ..... Date of .....  
What test confirmed diagnosis? Phy. & Path. with 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?  
If so, specify None

(Signed) H. R. C. Clark, M. D.  
(Address) Pine City, Mo.

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

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.

