

MAR 24 1936

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

Do not use this space.

2172

1. PLACE OF DEATH

 County Miller
 Township Saline
 City Aldon (No. St. Ward)

 Registration District No. 561
 Primary Registration District No. 4330

 File No.
 Registered No. 8

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

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.

Melvira Stubblefield

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Fem 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 J. W. Stubblefield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1855
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 9 26

OCCUPATION

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

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) Illinois

FATHER

13. NAME Randolph Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Sally Sanford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) Stella Middleton Aldon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gott Cem DATE Jan 23, 193619. UNDERTAKER (ADDRESS) Phillips Funeral Home Aldon, Mo.20. FILED Jan 23, 1936 Belle Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1936
 22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1936 to Jan 21, 1936
 I last saw her alive on Jan 20, 1936. Death is said to have occurred on the date stated above, at 6 P. m.

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

Bilateral broncho-pneumonia
 Date of onset 1-15-36

Other contributory causes of importance:

 Name of operation Date of
 What test confirmed diagnosis? clinical 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?

If so, specify

(Signed) E. B. Shelton, M. D.(Address) Aldon

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.

