

FEB 20 1936

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

Do not use this space.

2339

1. PLACE OF DEATH

County Nodaway
Township Patte
City Maryville Mo (No.)

Registration District No. 6281
Primary Registration District No. 3031

File No.
Registered No. 9 St. Ward)

2. FULL NAME William T. Stinson

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-11-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired horse buyer
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) Maryville Mo.
(STATE OR COUNTRY)

13. NAME Andrew T. Stinson

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

15. MAIDEN NAME Eilen Laura Isarel

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

17. INFORMANT Tom Stinson
(ADDRESS) Maryville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Myriam Cemetery DATE Jan 28th 1936

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Maryville Mo.

20. FILED Jan 28 1936 Mamie E. Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9 1935, to Jan 27 1936

I last saw him alive on Jan 26 1936 Death is said to have occurred on the date stated above, at 12⁰⁵ A. m.

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

Chronic Bright's Disease Date of onset

Other contributory causes of importance:

Uremia
Name of operation Date of
What test confirmed diagnosis? Uremia 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) H. M. Hallis Jr M. D.
(Address) Maryville 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.

AUG 29 1951