

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

Do not use this space.

7354

1. PLACE OF DEATH *MAR 24 1936*
 County *Putnam* Registration District No. *702*
 Township *Putnam* Primary Registration District No. *0993*
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME *Geo. Webster Statter*
 (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** *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4, 1861*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>74</i>	<i>10</i>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired day laborer*

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) *Ind*

13. NAME *William Statter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Clara Statter*
 (ADDRESS) *Osby Mo.*

18. BURIAL, CREMATION OR REMOVAL
 PLACE *Bardley Mo.* DATE *2.3 1936*

19. UNDERTAKER *C. Turley*
 (ADDRESS) *Bardley Mo.*

20. FILED *2 2 36* *G. G. Sprague*
 (Address) _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 2 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1-15*, 19*35*, to *2/2*, 19*36*
 I last saw him alive on *12/1*, 19*35*. Death is said to have occurred on the date stated above, at *3 a.m.*
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
Cerebral Hemorrhage - 4/1/36
 Other contributory causes of importance: *ga*

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) *Clifford G. Goff* _____ M. D.
 (Address) *Douglas 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.

