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.

APR 15 1936

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

Do not use this space.

85

1001

9468

File No.

Registered No. 477

1. PLACE OF DEATH

County: Buchanane

Registration District No.

Primary Registration District No.

Township:

City: St. Joseph (No. 2629 Felix St. Ward)

2. FULL NAME Charlotte Lu Stack

(a) Residence, No. 2629 Felix 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. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	1	11	

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) St. Joseph, Mo.
(STATE OR COUNTRY) Missouri

FATHER

13. NAME John Joseph Stack

14. BIRTHPLACE (CITY OR TOWN) East St. Louis
(STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Jean B. McKee

16. BIRTHPLACE (CITY OR TOWN) Biglow
(STATE OR COUNTRY) Missouri

17. INFORMANT John Joseph Stack
(ADDRESS) 2629 Felix St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound City, Mo. DATE April 1, 1936

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph Mo.

20. FILED 3-31, 1936 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1936, to March 30, 1936

I last saw her alive on March 30, 1936. Death is said to have occurred on the date stated above, at 6:15 P.m.

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

	Date of onset
Hydrocephalus, Congenital	2/19/36
Spina Bifida, Congenital	
5720	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray 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) W Roger Moore, M. D.

(Address) St Joseph, Mo