APR 18 1936

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

Do not use this space.

10341

1. PLACE OF DEATH
County: Holt
Township: Union
City: ..... No. ..... St. ..... Ward)

Registration District No. 369
Primary Registration District No. 5515

File No.
Registered No. 5

2. FULL NAME: Daniel Stiner Jr.

(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 30 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mrs Margaret (Jones) Stiner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1848

7. AGE: Years 87 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jones Co., Iowa

FATHER
13. NAME Daniel Stiner Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Easter Daniels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Margaret Simpson Craig, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Williams Cemetery DATE Mar. 30 1936

19. UNDERTAKER (ADDRESS) H. H. Schooler Fairfax, Mo.

20. FILED Mar 30 1936 Verta Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-2 1935, to 3-29 1936
I last saw him alive on 3-28 1936. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	Apr. 1935

Other contributory causes of importance:

Name of operation ..... Date of
What test confirmed diagnosis? ..... 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) Owen Nunley, M. D.
(Address) Fairfax 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.