

MAY 20 1936

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

Do not use this space.

14741

1. PLACE OF DEATH *Franklin*  
County *Franklin* Registration District No. *297*  
Township *Franklin* Primary Registration District No. *3016*  
City *Washington* (No. ....) St. .... Ward)

2. FULL NAME *Charles William Stoll*  
(a) Residence, No. *Pacific, Mo* St., .... Ward. *Pacific, Mo*  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. *3* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>None</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 27-1878</i>		
7. AGE YEARS <i>58</i>	MONTHS <i>2</i>	DAYS <i>19</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>		11. Total time (years) spent in this occupation <i>Life</i>
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) <i>Apr. 19-36</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>		
13. NAME <i>Charles Stoll</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Caroline Varpe</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT <i>Mrs. Sophia Doloman</i> (ADDRESS) <i>Pacific, Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>Pacific, Mo</i> PLACE <i>Franklin</i> DATE <i>4/13/36</i>		
19. UNDERTAKER <i>Thomas Lee</i> (ADDRESS) <i>Pacific, Mo</i>		
20. FILED <i>Apr. 11-36</i> <i>N.A. May</i> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 11-1936*

22. I HEREBY CERTIFY, That I attended deceased from *April 8-36* to *April 11-1936*  
I last saw him alive on *April 11-1936* Death is said to have occurred on the date stated above, at *7:45 PM*.  
The principal cause of death and related causes of importance were as follows:  
*Acute lobar pneumonia*  
*Chronic myocarditis*  
Date of onset *Apr. 3-36*

Other contributory causes of importance:  
*Chronic myocarditis*

Name of operation *none* Date of *5*  
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) *N.A. May*, M. D.  
(Address) *Washington, 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.

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