

Beatie JUN 20 1936

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

Do not use this space.

19158

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield Mo (No. 532 Poplar St) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 459

2. FULL NAME

Albert Wayne Stith  
(a) Residence, No. 532 Poplar St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18-67

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
68 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent of Insulation work  
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) Elizabeth Mo

MOTHER / FATHER 13. NAME Bengjamin B. Stith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

15. MAIDEN NAME Branum

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

17. INFORMANT (ADDRESS) Mrs Mary Stith 532 Poplar St

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE May 20 1936

19. UNDERTAKER (ADDRESS) F. O. Heine Springfield Mo

20. FILED 5-20-1936 W Chas a George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 35, to May 19, 36,  
I last saw him alive on May 19, 36. Death is said to have occurred on the date stated above, at 10:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of transverse Colon (Carcinoma) Date of onset Birth  
Ulcerative Colitis 11 months

Other contributory causes of importance \_\_\_\_\_

Name of operation Colon Anastomosis Date of 4/6/36

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? No 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) William R Beatie, M. D.  
(Address) Springfield Mo

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.

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