

6-2057

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

Do not use this space.

AUG 15 1936

25594

1. PLACE OF DEATH

County Bushy
Township Washington
City St. Joseph (No. 1001)

Registration District No. 85
Primary Registration District No. 1001

File No. 954
Registered No. 954
St. St. Joseph Ward

2. FULL NAME

(a) Residence, No. St. Edward R. Stelder St. Wheaton Mo Ward.

(Usual place of abode)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 10 0

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) Woodruff, Mississippi

13. NAME Joseph Stelder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa

15. MAIDEN NAME Sarah Copeland

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

17. INFORMANT (ADDRESS) Cere Stelder
Wheaton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheaton Mo DATE July 18 1936

19. UNDERTAKER (ADDRESS) Barry Hyatt
St. Joseph Mo

20. FILED July 17 1936 H. J. Nuttall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1936

22. HEREBY CERTIFY (That I attended deceased from July 16 1936 to July 16 1936)

I last saw him alive on July 16 1936. Death is said

to have occurred on the date stated above, at 7 a.m.

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

gun shot wound of head

Date of onset

Other contributory causes of importance: 167

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury July 16, 1936

Where did injury occur? Wheaton Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun - head shot with bullet

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. J. Nuttall, M. D.

(Address) 206 N. 8th St. Joseph 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.

