

DEC 18 1936

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

Do not use this space.

26058-6  
138 (4)

1. PLACE OF DEATH

County Dade Registration District No. 257  
Township Washington Primary Registration District No. 5329  
City South Greenfield, Mo

File No. 138  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Bessie Lydia Statterville

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Frank Statterville  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1870  
7. AGE YEARS 66 MONTHS 5 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) (STATE OR COUNTRY) Ludiana

MOTHER 13. NAME Geo Stoner

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

15. MAIDEN NAME Elsie Tucker

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

17. INFORMANT Frank Statterville (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE South Greenfield, Mo DATE 7-29-36

19. UNDERTAKER (ADDRESS) Frank T. Fox  
3000 Greenfield

20. FILED Dec 2 1936 Kay R. Wells Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 10 1936, to July 28, 1936  
I last saw her alive on July 26, 1936 Death is said to have occurred on the date stated above, at 12 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage due to arterio-sclerosis. Date of onset \_\_\_\_\_

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) Jim Brock, M. D.  
(Address) Greenfield, 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.

