

AUG 24 1936

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

Do not use this space.

26523

1. PLACE OF DEATH

County Bachson Registration District No. 399  
Township Staw Primary Registration District No. 1002  
City St. C. (No. 1328 Montgall)

File No. \_\_\_\_\_  
Registered No. 3101  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jennie - M - Stauffer  
(a) Residence, No. 1328 Montgall 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 <u>Female.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo - Stauffer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April - 29 - 1880</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>2</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>
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) <u>Kansas</u>
MOTHER FATHER
13. NAME <u>J-B - Mills</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
15. MAIDEN NAME <u>Lucy Curry</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>
17. INFORMANT <u>Geo - Stauffer</u> (ADDRESS) <u>1328 Montgall</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edmwood</u> DATE <u>July 8</u> 19 <u>36</u>
19. UNDERTAKER <u>A. P. Deebler</u> (ADDRESS) <u>1415 East 15 -</u>
20. FILED <u>July 8</u> 19 <u>36</u> M. M. <u>Crowe</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 27 1936, to July 7 1936  
I last saw her alive on July 7 1936 Death is said to have occurred on the date stated above, at 7:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
good  
Other contributory causes of importance:  
Cerebral arteriosclerosis  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? \_\_\_\_\_  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) A. P. Deebler M. D.  
(Address) 407 Northman Rd

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.

Dr. A. O. Stearns.

31<sup>st</sup> - 4 Frost