

SEP 29 1936

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

Do not use this space.

27720

1. PLACE OF DEATH

County Rapley
Township Douglas
City Douglas (No.)

Registration District No. 750
Primary Registration District No. 4551

File No. 14
Registered No. 1392
St. Ward)

2. FULL NAME

(a) Residence, No. Rapley Co. St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Staffelbach

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>Leo Staffelbach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4-1897</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Deut. County Missouri</u>		
MOTHER FATHER	13. NAME <u>W. M. Jackson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Leona Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Leo Staffelbach</u> (ADDRESS) <u>Douglas Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gladden Mo.</u> DATE <u>7-18-36</u>		
19. UNDERTAKER <u>Jordan</u> (ADDRESS) <u>Douglas</u>		
20. FILED <u>7-17-1936</u> <u>C. D. Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936

22. I HEREBY CERTIFY That I attended deceased from July 11 1936, to July 16 1936
last saw ps alive on July 16 1936 Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

Malaria Date of onset

Other contributory causes of importance:
acute dilatation of heart

Name of operation none Date of
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?
If so, specify
(Signed) Leo Staffelbach M. D.
(Address) Douglas, Missouri

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.

ADM

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