

AUG 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City

St. Louis (No. Barnes Hospital)

File No. 28209

Registered No. 6967

St. .... Ward)

## 2. FULL NAME

(a) Residence, No.

St. NK 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 9, 1917

7. AGE

YEARS 79

MONTHS 5

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Book-keeper

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)

Lewisburg, Ohio

MOTHER FATHER

13. NAME

Thomas D. Stiles

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

Carlisle Ohio

15. MAIDEN NAME

Eliza Beatty

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

Pa.

17. INFORMANT Mrs. O. P. McCabe

(ADDRESS) Dayton, Ohio

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dayton, Ohio. DATE 7/10/36

19. UNDERTAKER (ADDRESS)

Clayton Rd. at Concordia Lane

20. FILED

JUL 10 1936

J. P. Bredeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1936, to 7-9, 1936

I last saw him alive on 7-9, 1936. Death is said to have occurred on the date stated above, at 12:55 p.m.

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

DIVERTICULUM OF ESOPHAGUS  
ESOPHAGEAL STRICTUREDate of onset  
1930  
1430

Other contributory causes of importance:

BRONCHO PNEUMONIA

1. RESEC. OF DIVERT.

Name of operation 2. GASTROS TOMY Date of

What test confirmed diagnosis? Was there an autopsy? yep

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) Fred C. Reynolds, M. D.

(Address) Barnes Hospital

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.

