

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

Do not use this space.

SEP 18 1936

30024

1. PLACE OF DEATH

County BUCHANAN Registration District No. 35
Township WASHINGTON Primary Registration District No. 1001
City ST. JOSEPH, MO. (No. ST. JOSEPH HOSPITAL) St. _____ Ward _____

File No. _____
Registered No. 1131

2. FULL NAME RICHARD LEE STAMPER

(a) Residence, No. 2401 NORTH SECOND ST. 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 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 INFANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 3, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hrs. or _____min.
4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT
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) ST. JOSEPH, MISSOURI

FATHER 13. NAME J. W. STAMPER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CRAIG, MISSOURI

MOTHER 15. MAIDEN NAME MARY RANDLE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOUND CITY, MO.

17. INFORMANT (ADDRESS) MR. J. W. STAMPER

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK CEM. DATE SEPT. 2, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC.
1946 COL HOUN, ST. JOSEPH

20. FILED Sept 1, 1936 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1936 to August 31, 1936

I last saw him alive on August 31, 1936 Death is said to have occurred on the date stated above, at 3:50 p.m.

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

Hyperplastic Colitis 8-20-36
(Etiology unknown) 11-9-36

Other contributory causes of importance:
Bronchopneumonia 8-18-36
Diarrhoea, Dehydration, Inanition 8-20-36

Name of operation [Signature] Date of _____
What test confirmed diagnosis [Signature] Was there an autopsy? Yes

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) [Signature], M. D.
(Address) 204 1/2 [Address]

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.

