

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

Do not use this space.

SEP 29 1936

30897

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. St. Josephs' Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Patricia Lee Stempleman

(a) Residence, No. 121 North Van Brunt St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) Oct 28 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
10 9 10

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

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) Kansas City Mo

13. NAME Harry B Stempleman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

15. MAIDEN NAME Julia Croker

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

17. INFORMANT Harry B Stempleman  
 (ADDRESS) 121 North Van Brunt

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 8/11/36 19. \_\_\_\_\_

19. UNDERTAKER Quirk & Tobin Co.  
 (ADDRESS) 20 W Linwood

20. FILED 8/10 1936 M. M. Grover  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 8, 1936

I last saw him alive on Aug 8 1936. Death is said to have occurred on the date stated above at 11:50 P M.

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

Basilar meningitis (staphylococcal)  
/ J. H. G.

Date of onset \_\_\_\_\_

Other contributory causes of importance:

Suppurative splenoid and ethmoid sinusitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Robert S. Wheeler, M. D.

(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.

