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.

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH
County Texas — Registration District No. 1088 — File No. 40136
Township Upton — Primary Registration District No. 6148 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME X Dave Stottlemeyer
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 X M
4. COLOR OR RACE T W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosie Stottlemeyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) X
7. AGE X 81 YEARS ~~78~~ MONTHS 1 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 Farmer
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

X 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
X 13. NAME
X 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

MOTHER
X 15. MAIDEN NAME
X 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. X INFORMANT (ADDRESS)
18. X BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19
19. X UNDERTAKER (ADDRESS) John McKee
20. FILED Oct 8 1936 Joe C. Stit[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5th, 1936
22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, I last saw him alive on Didn't see him at all 19 Death is said to have occurred on the date stated above, at 6:20 m.
The principal cause of death and related causes of importance were as follows:
D Senility — Date of onset
Other contributory causes of importance:
If any Unknown
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) J. R. Nomack, M. D.
(Address) County Health Officer, Houston, Mo.