WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

JAN 27 1937

Do not use this space.

47451

1. PLACE OF DEATH
County Vernon
Township Washington
City Nevada Mo (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162
File No. .....
Registered No. 359

2. FULL NAME Anton Staponski
(a) Residence, No. ..... (Usual place of abode) Purdy Mo St., ... Ward. ..... (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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known 1861
7. AGE 75 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) .....

FATHER
13. NAME Anton Staponski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

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

17. INFORMANT (ADDRESS) Frank Staponski Purdy Mo
18. BURIAL, CREMATION, OR REMOVAL Bracefield Mo DATE 12-19 1936
19. UNDERTAKER (ADDRESS) Fairy Funeral Home Nevada Mo
20. FILED Dec 17 1936 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1936, to Dec 17 1936
I last saw him alive on Dec 17 1936 Death is said to have occurred on the date stated above, at 1:55 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis.

Date of onset

Other contributory causes of importance:
Myocardial Insufficiency

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? No
If so, specify .....
(Signed) J. J. O'Dee, M. D.
(Address) Nevada Mo
Pr. C T McConnell