

FEB 26 1937

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

Do not use this space.

796

1. PLACE OF DEATH

County *W. Kalb.*
Township *Franklin*
City *Raymond*

Registration District No. *264*
Primary Registration District No. *5367*

File No.
Registered No.
St. Ward)

2. FULL NAME

Lou. Aleco Stillfield

(a) Residence, No. *King crown* Ward.

(Usual place of abode) Length of residence in city or town where death occurred *11 mos* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J. H. Stillfield*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 18 1873*

7. AGE YEARS *62* MONTHS *11* DAYS *24* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *230*

10. Date deceased last worked at this occupation (month and year) *Oct 24 36* 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

13. NAME *S. G. Cox*

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

15. MAIDEN NAME *Amelia B. Cox*

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

17. INFORMANT (ADDRESS) *Charles Stillfield King crown*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Wentlow Oct 14 1936*

19. UNDERTAKER (ADDRESS) *W. G. Giggart*

20. FILED *Oct 14 1936 Mrs. Necker Sims Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 12 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 8 1936* to *Oct 12 1936*
I last saw *her* alive on *Oct 12 1936* Death is said to have occurred on the date stated above, at *11:30 P.M.*

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

Acute Dysentery Date of onset *10/1/36*

Other contributory causes of importance: *Diabetes Mellitus*

Name of operation *Cholec* Date of *10/1/36*

What test confirmed diagnosis? *Cholec* Was there an autopsy? *no*

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 *no*

(Signed) *E. M. Reynolds* M. D. (Address) *Wentlow Mo*

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.

