

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

Do not use this space.

1414

FEB 25 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 1002 2
 City K.C. Mo. (No. 3141 Topping Avenue) St. _____ Ward _____

2. FULL NAME

Katie L. Stalberg
 (a) Residence, No. 3141 Topping 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Evel Stalberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1-2-1883

7. AGE YEARS 53 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinter, 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) _____ 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Kentucky

FATHER 13. NAME McClinton

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

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Eula Stalberg (ADDRESS) 3141 Topping Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Jan. 13-37

19. UNDERTAKER Mrs. C. L. Jarrett (ADDRESS) 918 Broadway Ave.

20. FILED Jan 13 1937 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 10 - 37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
Deputy Coroner
 I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ p.m.

The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset _____

Other contributory causes of importance _____
W. A. B.
 Name of operation _____ Date _____
 What test confirmed diagnosis _____ Was there an autopsy _____

23. If death was due to external causes (violent), 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 of injury related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature] _____, M. D.
 (Address) [Signature] _____

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.

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