

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

Do not use this space.

2083

FEB 17 1937

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. 1)

Registration District No. 496
Primary Registration District No. 3020

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 410 Berkeley St. 4 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Irene Stueffelbean</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct - 23 - 1891</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>3</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>22</u>	
	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) <u>North Salem Mo</u>		
FATHER	13. NAME <u>Daniel Stueffelbean</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co. Mo</u>	
MOTHER	15. MAIDEN NAME <u>Rachel Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co. Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Irene Stueffelbean Brookfield Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Jan - 29 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Hill Funeral Chapel Brookfield Mo</u>		
20. FILED <u>Feb 9 1937</u> <u>J. H. Lucas, M. D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 28 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1936, to Jan 27 1937
I first saw him alive on Jan 27 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset Jan 28
Uremic Endocephalitis ?
Chronic Nephritis

Other contributory causes of importance: _____

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? Yes
If so, specify _____
(Signed) Joseph H. Lucas M. D.
(Address) Brookfield 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.

