

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

75 County Oregon
Township Prineville
City Alton (No. 2)

Registration District No. 636
Primary Registration District No. 5844

File No. 2467
Registered No. 1
St. _____ Ward _____

2. FULL NAME William Edgar Stule

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hilla Pierce

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to Jan 5, 1937

I last saw deceased alive on Jan 4, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-186

to have occurred on the date stated above, at 8:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 2 6

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired g.l.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 31

Lobar Pneumonia Date of onset Jan 1st 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co - Mo

Other contributory causes of importance:

13. NAME James Stule

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Porter

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) G. C. Stule Alton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huddleston DATE 1/6 37

19. UNDERTAKER (ADDRESS) W. D. Taylor Mo

20. FILED 1/15 1937 Ernest Bailey Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify CWP _____, M. D.
(Signed) _____
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

