

MAR 20 1937

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

Do not use this space.

6691

1. PLACE OF DEATH

County Jackson
Township Jessamine
City J. C. Home (No. 1)

Registration District No. 400
Primary Registration District No. 5553 B

File No. 6691
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Alopa Staller
(a) Residence, No. J. C. Home Ward 1
(Usual place of abode) Jackson County Home (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 62 4 15

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

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

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) Ind

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ernest Jackson
(ADDRESS) 10 Corbly Home

BURIAL, CREMATION, OR REMOVAL Corate Neb DATE Jan 19 - 1937

19. UNDERTAKER Keller
(ADDRESS) 1111

20. FILED Jan 19 - 1937 William T. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 - 1936 to 1 - 6 - 1937

I last saw him alive on 1 - 5 - 1937 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and stated causes of importance were as follows:
cerebral hemorrhage Date of onset

Other contributory causes of importance: 8201

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____

(Signed) J. B. Green M. D.
(Address) Independence

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.

1 X7284

