

100M-2-28-33

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.

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

Do not use this space.

APR 15 1937

1. PLACE OF DEATH

County Adair
Township Clay
City Willmatherville - Mo.

Registration District No. 1023
Primary Registration District No. 5006

File No. 10982

Registered No. 59
St. _____ Ward)

2. FULL NAME

John Stanley Story

(a) Residence, No. _____ St., _____ Wash.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 - 1934

7. AGE YEARS 2 MONTHS 3 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Queenscity Mo

FATHER 13. NAME Stanley Story

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willmatherville Mo

MOTHER 15. MAIDEN NAME Emma Madders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shaulter Iowa

17. INFORMANT John Madders (ADDRESS) Queenscity Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Willmatherville DATE April 1 1937

19. UNDERTAKER Wm O West (ADDRESS) Queenscity Mo

20. FILED H/1 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 31 Dec 1936 to 31 March 1937
I last saw him alive on March 8, 1937 Death is said to have occurred on the date stated above, at 1030am
The principal cause of death and related causes of importance were as follows:

Athrepsia
Spastic Diplegia 1/3/36
Other contributory causes of importance

Name of operation none 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) E J Smith M. D.
(Address) Wicksville Mo

