NO PUBLIC FUNERAL. CONTAGIOUS

APR 15 1937

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

Do not use this space.

File No. 11214
Registered No. 325

**1. PLACE OF DEATH**
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St.Joseph, (No. Sunnyslope Hospital St. Ward)

**2. FULL NAME** Clarence Ervin Stufflebean

(a) Residence, No. 2623 So.10th.St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec,19,1925

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 11 | 2 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School.
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) St.Joseph, (STATE OR COUNTRY) Mo.

FATHER
13. NAME Geo.W.Stufflebean
14. BIRTHPLACE (CITY OR TOWN) Buchanan Co, (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Lorean Baltzer
16. BIRTHPLACE (CITY OR TOWN) Centerville, (STATE OR COUNTRY) Iowa.

17. INFORMANT Geo.W.Stufflebean
(ADDRESS) 2623 So.10th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt.Auburn Cemetery DATE Mar.13.1937,19

19. UNDERTAKER Walter McCullough
(ADDRESS) 1302 Faraon St. St.Joseph,Mo.

20. FILED 3/13 1937 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar,12,1937 ,19

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1937, to Mar 12, 1937
I last saw him alive on Mar 12, 1937. Death is said to have occurred on the date stated above, at 12.40 m. P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningitis Epidemic Type | Mar 4 |

Other contributory causes of importance: 18

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) [signature], M. D.
(Address) Central Bldg. St.Joseph,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.