

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage (No. McCune-Brooks Hospital) St. _____ Ward _____

File No. 12201
Registered No. _____

2. FULL NAME

Omer James Stemmons
(a) Residence, No. Golden City, Route 1st. 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Pearl Busby Stemmons</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 9, 1901</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>6</u>
	DAYS <u>12</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>Farmer</u>	
	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) _____	
MOTHER	11. Total time (years) spent in this occupation _____	
	12. BIRTHPLACE (CITY OR TOWN) <u>Jasper county</u> (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>James M. Stemmons</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) <u>Jasper County</u> (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Alice Parker</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Jasper county</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. Pearl Stemmons</u> (ADDRESS) <u>Route 1, Golden City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paradise Cemeter</u> DATE <u>Mar. 23, 1937</u>		
19. UNDERTAKER <u>Ulmer Funeral Home</u> (ADDRESS) <u>Carthage, Missouri</u>		
20. FILED <u>Mar 23 1937</u> <u>S. B. Clinton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 193722. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1937, to Mar 21, 1937I last saw h. m. alive on Mar 21, 1937. Death is saidto have occurred on the date stated above, at 7:20am

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

Rectured gangrenous
Appendicitis.
General peritonitis

Date of onset
3/12/37

Other contributory causes of importance:

Name of operation Appendectomy Date of 3/19/37What test confirmed diagnosis? Operation Was there an autopsy? no23. 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) George H. Wood, M. D.(Address) Carthage Mo

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.

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