

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 22 1937

12789

1. PLACE OF DEATH *23*
 County *Newton* Registration District No. *609*
 Township *Neosho* Primary Registration District No. *5808*
 City (No. _____) St. _____ Ward _____

2. FULL NAME *Charles Stait*
 (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? *60* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 1, 1859*

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>77</i>	<i>10</i>	<i>15</i>	

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

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) *Unknown Germany*

13. NAME *Christopher Stait*

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

15. MAIDEN NAME *Agnes Kuehn*

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

17. INFORMANT *William Stait*
 (ADDRESS) *Neosho Mo R #1*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Wainwright Cem.* DATE *2-19 1937*

19. UNDERTAKER *Oakley Thompson*
 (ADDRESS) *Neosho Mo.*

20. FILED *3-11 1937* *Oral asale*
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 16 1937*

22. I HEREBY CERTIFY That I attended deceased from *February 10, 1937* to *Feb 16 1937*
 I last saw him alive on *Feb 15 1937*. Death is said to have occurred on the date stated above, at *7:40 A.M.*
 The principal cause of death and related causes of importance were as follows:
Apoplexy (Cerebral Hemorrhage) Date of onset _____

Other contributory causes of importance: *82a!*

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

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?
 If so, specify _____ (Signed) *H. D. Reynolds*, M. D.
 (Address) *Neosho Mo.*

