

APR 28 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Shelby Co*
Township *Clay*
City *Clayton* (No.)

Registration District No. *827*
Primary Registration District No. *4500*

File No. *13812*
Registered No. *9*
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *15* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 20th 1847*

7. AGE *89* YEARS *4* MONTHS *6* DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION 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 *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clayton Shelby Co Mo*

FATHER 13. NAME *Isaac Stalcup*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *don't know*

MOTHER 15. MAIDEN NAME *Jermetha Cole*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *don't know*

17. INFORMANT (ADDRESS) *Mrs. Enos Boling*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Wood* DATE *Mar 28 1937*

19. UNDERTAKER (ADDRESS) *William Berkeley*

20. FILED *4-5 1937* *Ray Hamilton* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 26 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Aug*, 19*30*, to *Mar 26*, 19*37*

I last saw him alive on *Mar 21*, 19*36* Death is said to have occurred on the date stated above, at *9 A* m.

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

Chronic myocarditis Date of onset *1930*

Other contributory causes of importance:

Name of operation *None* Date of
What test confirmed diagnosis? *None* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury

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 *no*
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify

(Signed) *D L Harlan*, M. D.
(Address) *Clairville 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.

