

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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APR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
 Township Washington
 City (No. _____) _____

Registration District No. 875
 Primary Registration District No. 6162

File No. 13958
 Registered No. 91
 St. _____ Ward _____

2. FULL NAME

Orville Perry Stoffle
 (a) Residence, No. State Hospital #31 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 26 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 10, 1892</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>7</u>	DAYS <u>14</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as airplane, sawyer, bookkeeper, etc. <u>farming & R.R.</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) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 24, 1937
 22. I HEREBY CERTIFY that I attended deceased from Feb 26, 1937, to Mar 24, 1937.
 I last saw him alive on _____, 1937. Death is said to have occurred on the date stated above, at 7:15 a. m.
 The principal cause of death and related causes of importance were as follows:

Maniacal exhaustion Date of onset 1 mo.
107
 Other contributory causes of importance: Broncho pneumonia 3 days

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) T. T. O'Neil M. D.
 (Address) Merado, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laurence Co. Mo.</u>
	13. NAME <u>Jacob Henry Stoffle</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co. Mo.</u>
FATHER	15. MAIDEN NAME <u>Kentzude Randolph</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Excelsior Springs Mo.</u>
17. INFORMANT (ADDRESS) <u>Mr. J. F. Ferris, Springfield Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield Mo.</u> DATE <u>Mar 24</u> , 19 <u>37</u>	
19. UNDERTAKER (ADDRESS) <u>Oechinger</u>	
20. FILED <u>3/24</u> 19 <u>37</u> <u>M. Oechinger</u> Registrar.	

