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.

MAY 18 1937

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

Do not use this space.

File No. 15722
Registered No. 426

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

2. FULL NAME Margaret C. Stoddart
(a) Residence, No. 1309½ No II St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Thomas H Stoddart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 10 1883

7. AGE: Years 53 — Months 3 — Days 25 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): April 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leavenworth Kas

FATHER
13. NAME: Edgar C. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bucyrus Ohio

MOTHER
15. MAIDEN NAME: Harriett May Stark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Utica N.Y.

17. INFORMANT (ADDRESS): Thomas H. Stoddart St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leavenworth Kas DATE April 18 37, 19

19. UNDERTAKER (ADDRESS): Barry-Hyde 218 So 10

20. FILED 4-7, 1937 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937

22. I HEREBY CERTIFY That I attended deceased from March 28, 37 to April 5, 37
I last saw he alive on April 5, 1937. Death is said to have occurred on the date stated above, at 2:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Meningeal Hemorrhage | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Malignant Hypertension | 1934 |
| | |
| | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Spinal puncture Was 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) J. J. Pagnellino M. D.
(Address) 3 11 Kirkpatrick Bldg St Joseph Mo