Dr. Gregg

MAY 21 1937

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

1. Do not use this space.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.: 16670

Township: — Primary Registration District No.: 2002 — Registered No.:

City: Joplin — (No. St. Johns Hosp. St. — Ward)

2. FULL NAME Joe Stallsmith

(a) Residence, No. 408 E 4th St., Ward. Galena Kan.
(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Stallsmith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
69	0	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. South West Mo. RR

10. Date deceased last worked at this occupation (month and year) Apr. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ft. Wayne Ind

FATHER

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs W. S. Montgomery Galena Kan

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Galena, Kan DATE Apr 21 1937

19. UNDERTAKER (ADDRESS) Boie Und. Co. Galena Kan

20. FILED 4-23 1937 Ed D Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22, 1937

I HEREBY CERTIFY, That I attended deceased from April 20, 1937, to April 22, 1937

I last saw him alive on April 22, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Senility	
Cancer of Liver	

Other contributory causes of importance: No Cancer

Name of operation None 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? No

If so, specify

(Signed) Wm. Dell Clay, M. D.

(Address) Joplin