

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butte
Township Stanberry
City Stanberry (No.)

Registration District No. 314Primary Registration District No. 4190File No. 23687Registered No. 13St. Ward

2. FULL NAME

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

Length of residence in city or town where death occurred 52 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Staley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
81 10 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Working freight

10. Date deceased last worked at this occupation (month and year) 9-4-1937 11. Total time (years) spent in this occupation 35 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME William Frederick Staley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Bess Staley (ADDRESS) East Hills, Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Highridge Cemetery 6-17 1937

19. UNDERTAKER J. E. Staley (ADDRESS) Stanberry mo.

20. FILED 6-16 1937 68 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 193722. I HEREBY CERTIFY, that I attended deceased from June 10 1937 to June 11 1937I last saw him alive on June 11 1937 Death is saidto have occurred on the date stated above, at 8 P m.

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

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) J. N. Bazzes M. D.(Address) Stanberry 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.

