OCT 20 1937

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

Do not use this space.

File No. 34288 46.

Registered No.

1. PLACE OF DEATH
County Greene Registration District No. 321
Township Washington Clay Primary Registration District No. 5444
City (No. , 2 St. Ward)

2. FULL NAME Charlotte Stamps ?
(a) Residence, No. St., Ward.
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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 Charley Stamps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1. 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	7	6	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Ind.

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) unknown

17. INFORMANT Hershel Stamps
(ADDRESS) Rogersville Mo. R.#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Manley Cem DATE Oct. 8. 37

19. UNDERTAKER J. W. Maples
(ADDRESS) Clever, Mo.

20. FILED Oct. 8. 1937 Mrs. Pearl Hughes, Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7- 1937

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1937, to Oct 5 1937
I last saw h. alive on Oct 5 1937. Death is said to have occurred on the date stated above, at 7 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1930

Other contributory causes of importance:

Name of operation 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?
If so, specify
(Signed) R. B. Russell, M. D.
(Address) Springfield Mo