

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Lincoln
Clark

Registration District No.

Primary Registration District No.

(No.)

St.

Ward)

491
56.56

File No.

34645

Registered No.

2. FULL NAME

Stilwell

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Unknown

1937

22. I HEREBY CERTIFY, That I attended deceased from

Not at all, 19... 19...

I last saw him alive on... 19... Death is said

to have occurred on the date stated above, at... m.

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

Unknown

Date of onset

Other contributory causes of importance:

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

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

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7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

0

0

0

8

0

OCCUPATION

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

None

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 COUNTRY)

RFD Tracy mo

MOTHER FATHER

13. NAME

Darrell Price

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

Latrobe Penn

15. MAIDEN NAME

Rose Grazier

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

Canda Ind.

17. INFORMANT (ADDRESS)

Darrell Price
Tracy mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

1937

Wright City Cem
Wayne M. Coe
Tracy mo

19. UNDERTAKER (ADDRESS)

20. FILED

9-21

1937

Mrs Pearl Muck
Registrar.

Name of operation

Date of

What test confirmed diagnosis?

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

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)

M. D. Clarenbach
Wright City Mo

(Address)

A: Every record of information submitted to be carefully supplied. A:2 should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1
2
2

