

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township K 6 Tno Primary Registration District No. 100 File No. 44303
 City Memorah Hospital (No. Memorah Hospital) Registered No. 5206 Ward _____

2. FULL NAME

John Walter Staats
 (a) Residence, No. 9500 East 17th St. Ward. Memorah Hospital
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Orna D. Staats
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-6-79
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 5 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oil leasing
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oil fields
 10. Date deceased last worked at this occupation (month and year) 10-38 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo.

13. NAME Charles B. Staats

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

15. MAIDEN NAME Mary K. Staats

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

17. INFORMANT (ADDRESS) Ralph B. Staats
3521 Balto R. E. Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Kan DATE Dec 27 1937

19. UNDERTAKER (ADDRESS) Olt + Mitchell
Independence Mo

20. FILED Dec 25 37 M. H. - Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 37, 1937, to Dec, 1937

I last saw him alive on 12/23, 1937 Death is said

to have occurred on the date stated above, at 3:15 p. m.

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

Coronary Thrombosis Date of onset _____

Other contributory causes of importance: 9412

Arteriosclerosis

Hypertension

Name of operation _____ 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? No Date of injury _____, 1937

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) A. C. Chasen, M. D.

(Address) 625 P. Superior Bldg

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.

