

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

Do not use this space.

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2229

1. PLACE OF DEATH

Country Callaway

Registration District No. 104

File No. 2229

Township Julton

Primary Registration District No. 3008

Registered No. 20

City Julton (No.)

St. Ward)

2. FULL NAME

Walbur Stiles 342

(a) Residence, No. St James Mo St. Ward.

Length of residence in city or town where death occurred 2 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 16 DK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 75+

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Mines
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) DK 11. Total time (years) spent in this occupation

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

13. NAME Walbur Stiles

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

15. MAIDEN NAME Mary Watzelk

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

17. INFORMANT (ADDRESS) Boop Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St James cem DATE 1-17 1938

19. UNDERTAKER (ADDRESS) WE Lupton St James mo

20. FILED Jan 21 1938 R. N. Sauer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1937 1937, to Jan 15 1938

I last saw him alive on Jan 9 1938. Death is said to have occurred on the date stated above, at 5:45 A. M.

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

Chs Myocarditis with morbid degeneration Date of onset DK

Other contributory causes of importance:

Senility

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? Date of injury , 19

Where did injury occur? FEB 21 1938 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

Nature of injury

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

If so, specify J. A. Hopkins M. D. (Signed) Julton Mo (Address)

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.

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