Filed

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

Do not use this space.

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1. PLACE OF DEATH
County: Dent
33 Township: Franklin
City: (No. , St. Ward)

Registration District No. 266
Primary Registration District No. 5373

File No. 2610
Registered No. 3

2. FULL NAME: Lola Ruth Stagner 325

(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.

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: Alva Stagner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1st 1906

7. AGE: YEARS 37 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem Dent Co Mo

FATHER
13. NAME: J.H.Hastin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem Dent Co.Mo

MOTHER
15. MAIDEN NAME: Missouri Alice Plank
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem Dent Co. Mo.

17. INFORMANT (ADDRESS): James A.Hastin Bunker Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: New Hope. DATE: Jan 18 1938

19. UNDERTAKER (ADDRESS): Carl K.Spencer Salem Mo.

20. FILED: Jan 17 1938 A. Elliott M.D. Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1938, to Jan 16, 1938
I last saw her alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 5:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia R. & L.	Jan 10 38
Other contributory causes of importance: Influenza	Jan 8-38

Name of operation: None Date of:
What test confirmed diagnosis: Usual Signs 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 no way related to occupation of deceased? No
If so, specify
(Signed) W. L. Dillard, M. D.
(Address) Salem, Mo.

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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.