

REC'D MAR 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Staw Primary Registration District No. 1002
City Hammer city (No. 2031 1/2 Indiana)

File No. 5849
Registered No. 915
St. _____ Ward _____

2. FULL NAME

Joseph H Stompoly 351
(a) Residence, No. 2031 1/2 Indiana 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mari Stompoly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
36 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurants
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) Syria

FATHER 13. NAME Richard Stompoly

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

MOTHER 15. MAIDEN NAME Mary Albert

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

17. INFORMANT Mrs Lorraine Moore (ADDRESS) 2031 1/2 Indiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 2-28 1938

19. UNDERTAKER Rose + Henderson (ADDRESS) 15 E Jackson

20. FILED 7 25 38 M. D. W. D. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/38 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938

I last saw him alive on _____, 1938 Death is said to have occurred on the date stated above, at 6 P m.

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

Shot wound of the head Date of onset 167

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide homicide Date of death 2/24/38

Where did injury occur? 2031 1/2 Indiana (Specify city or town, county, and State)

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

Manner of injury From my firearm
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) [Signature] M. D. _____
(Address) [Signature]

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.

