REC'D MAY 23 1938

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

Do not use this space.

File No. 15265

Registered No. 123

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH
County: Marion.
Township:
City: Hannibal. (No. , Levering Hos. St. Ward)

2. FULL NAME: Wade A. Stuller. 346

(a) Residence, No. Perry, Mo. 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March, 10, 1884

7. AGE: Years 54 | Months 1 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
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): Afton Iowa.

FATHER
13. NAME: Henry Stuller.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland.

MOTHER
15. MAIDEN NAME: Marie Bolac.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Massachutes.

17. INFORMANT: John W. Stuller.
(ADDRESS) Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perry, Mo. DATE April, 21, 1938

19. UNDERTAKER: Clyde Willey.
(ADDRESS) Perry, Mo.

20. FILED Apr 22 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1938, to April 21, 1938
I last saw him alive on April 21, 1938. Death is said to have occurred on the date stated above, at 7:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	4/18/38
108°	
Other contributory causes of importance:	
Lobar Pneumonia, entire right lung	4/17/38

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? (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?
If so, specify:
(Signed) H B Norton, M. D.
(Address) Hannibal