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

Do not use this space.

1. PLACE OF DEATH — REC'D AUG 24 1938

County: Jefferson — Registration District No.: 421 — File No.: 25677

Township: — Primary Registration District No.: 4249 — Registered No.: 72

City: Festus (No. ..... St. ..... Ward)

2. FULL NAME: Goldie Cinderella Stamper — 351

(a) Residence. No. Main St., Festus 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 4, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	46	3	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self — 0

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zodiac Missouri — 0

PARENTS

10. NAME OF FATHER: Thomas Joseph Bybee — 0

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Linn County Missouri

12. MAIDEN NAME OF MOTHER: Rosella Gilmore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Effingham County Mo

14. INFORMANT: Mrs. Rosella Bybee

(Address): Mexico Missouri

15. FILED 7/11, 1938 — J. E. Rutledge M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 10 1938

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1938, to July 10, 1938, that I last saw her alive on July 10, 1938, and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Transverse Myelitis

81a

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Nephritis Interstitial

(duration) 1 yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [signature], M. D.

, 19 (Address) Festus Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mexico Missouri	July 12 1938
20. UNDERTAKER	ADDRESS
Duester and Vinyard.	Festus Mo

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.