

REC'D SEP 16 1938

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

282316
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 45-
 (b) Township Melford Primary Registration District No. 5067
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leona Sarah Stahl 3411
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-13-1876

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>61</u> | <u>8</u> | <u>17</u> | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melford Mo.

FATHER
 13. NAME John D. Gibbs
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Martha O. Hawthorne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill.

17. INFORMANT (ADDRESS) F. A. Stahl Melford Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hawell Cem. DATE Sept. 1, 1938

19. FUNERAL DIRECTOR (ADDRESS) F. B. Beery & Sons Sheldon Mo.

20. FILED 9/9/38 19 Hawley B. Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938 to Aug 30, 1938.
 I last saw her alive on Aug 30, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Infectious Diseases
Influenza
 Date of onset Aug 19, 38
Aug 19, 38

Other contributory causes of importance: 11B-

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? 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) C. E. Sweeney, M. D.
 (Address) Lamar, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)