

1939 MAY 22 1939

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

Do not use this space.

15609

1. PLACE OF DEATH

County New Madrid 1

Registration District No. 604

File No. _____

Township _____

Primary Registration District No. 4358

Registered No. _____

City New Madrid (No. _____)

St. _____ Ward _____

2. FULL NAME

Jamon Staples

(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

male

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Essie Staples

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 10-1880

7. AGE

YEARS

58

MONTHS

9

DAYS

3

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.

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)

unknown 19

FATHER

13. NAME

Henry Staples

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

MOTHER

15. MAIDEN NAME

Wuk

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

Wuk

17. INFORMANT (ADDRESS)

Essie Staples New Madrid, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid DATE April 16, 1939

19. UNDERTAKER (ADDRESS)

Michael Bell Co., New Madrid

20. FILED

571 1939 Wm. O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-10-1939 to 4-13-1939

I last saw him alive on 4-13-1939 Death is said to have occurred on the date stated above, at 3 P m.

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

Petition was refused in bond continue in custody

Other contributory causes of importance:

22

Name of operation _____ Date of _____

What test confirmed diagnosis? Aspirin 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 any way related to occupation of deceased? no

If so, specify _____ (Signed) W. E. Dyer M. D.

(Address) New Madrid, 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.

