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.

REG'D MAY 22 1939

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

Do not use this space.

15858

1. PLACE OF DEATH
County: Ontario
Township: Cullen
City: ... No. ... St. ... Ward)

Registration District No. 713
Primary Registration District No. 5942

File No.
Registered No.

2. FULL NAME: Stillson

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/18/39

7. AGE: YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓
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): Ontario Co. N.Y. 0

FATHER
13. NAME: Charles R. Wade 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ont 0

MOTHER
15. MAIDEN NAME: Laura Fenton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ont

17. INFORMANT (ADDRESS): C. R. Wade Geneva

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rehoboth Cem. DATE: 3/19 1939

19. UNDERTAKER (ADDRESS): Same

20. FILED: 3/19 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1939, to 3/18, 1939
I last saw him alive on 3/18, 1939. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Kerosene Poisoning, Lead. Lethargy

Other contributory causes of importance: Small Pelvis - Large Baby!

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? No
If so, specify
(Signed) C. G. Todd, M. D.
(Address) Waynesville.