

1939 JUN 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Smith
City North

Registration District No. 103
Primary Registration District No. 6211

File No. 20091
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|------------------------------|---|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ben Steten</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 5, 1850</u> | | |
| 7. AGE <u>88</u> | YEARS <u>4</u> | MONTHS <u>22</u> |
| IF LESS than 1 day, _____ hrs. or _____ min. | | |

| | | |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation <u>19</u> |
| | 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) | |
| | | |

| | |
|--------|--|
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> |
| | 13. NAME <u>Jacob Shoullers</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> |
| | 15. MAIDEN NAME <u>Mary Cozger</u> |
| FATHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u> |

| |
|--|
| 17. INFORMANT (ADDRESS) <u>J. P. Brown</u> |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freeport</u> DATE <u>Apr 28, 1939</u> |
| 19. UNDERTAKER (ADDRESS) <u>Sam Bros</u> |
| 20. FILED <u>6-9</u> 19 <u>39</u> <u>Fred M. M. D.</u> Registrar |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
Apr 27, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 2, 1939 to Apr 27, 1939
I last saw her alive on Apr 26, 1939 Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Intestinal
nephritis

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Shoullers Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury _____, 19____
Where did injury occur? Yes (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Yes
Nature of injury Yes

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. P. Brown M. D.
(Address) Freeport

RECEIVED

District Health Officer No. 11

District File Number

39-690

Date Filed

JUN

13 1955

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

20091

Do not use this space.

1. PLACE OF DEATH

(a) County North Smith
(b) Township Smith
(c) City Smith

Registration District No. 903
Primary Registration District No. 6211

Registered No. _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Malinda Jane Stetler

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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

wid

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

Bert Stetler

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

88

4

22

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.

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

6-9 19 39 Fred Mullins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27 1939

22. I HEREBY CERTIFY, That I attended deceased from
19____ to _____, 19____

I last saw h. _____ alive _____, 19____. Death is said
to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) P. J. Ross, M. D.

(Address) Brantley

