

LEA AUG 14 1939

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

Do not use this space.

26204

1. PLACE OF DEATH

County Madison  
Township St. Marshall  
City North Creek (No. 1)

Registration District No. 538  
Primary Registration District No. 5723

File No. \_\_\_\_\_  
Registered No. 54 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Froy Kiel - (Stuebner)

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from his last seen by patient, 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1939

I last saw him alive on July 24, 19... Death is said to have occurred on the date stated above July 24 m.

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

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

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 \_\_\_\_\_

Prolapsd Cord during birth phasing of  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Creek Mo

13. NAME Charles Kiel

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

15. MAIDEN NAME Carrie Howell

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19...

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs Carrie Kiel  
North Creek Mo

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Cemetery 7-25-39

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) None

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.

20. FILED July 20, 1939 S. C. B. Laughton 491 (Address) Fredricks town Mo  
By C. D. O. Schuman Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

