

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.

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

Do not use this space.

33226

1. PLACE OF DEATH
County St. Louis Registration District No. 677
Township _____ Primary Registration District No. 4403
City Rolla St. _____ Ward _____
2. FULL NAME Edgar J. Stires
(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 Wivian E. Stires
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 - 1876
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Prop.
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) Smithfield Mo.

MOTHER FATHER
13. NAME David Stires

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

15. MAIDEN NAME Elizabeth Forest

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

17. INFORMANT Wivian E. Stires
(ADDRESS) Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson DATE 10/4/39
19. UNDERTAKER Edgar Stires
(ADDRESS) Bourbon Mo.

20. FILED out 4 1939 Joe F. Lyons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/1/39 1939
22. I HEREBY CERTIFY, That I attended deceased from 9/30/39, 1939, to 10/1/39, 1939.
I last saw him alive on 10/1/39, 1939. Death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

Gastric Hemorrhage Date of onset 10/1/39
Peptic Ulcer 15 years
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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. J. Collins M. D.
(Address) Rolla Mo.

RECEIVED

District Health Officer No. 5,

District File Number 1039 298

Date Filed 10/10/39