

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

Do not use this space.

39202

1. PLACE OF DEATH

County Candor

Registration District No. 117

File No. 26

Township Cross

Primary Registration District No. 5167

Registered No. _____

City Linn Creek Mo (No. _____) St. _____ Ward _____

2. FULL NAME

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

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 2 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF William Stamper

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1862

8. AGE YEARS 77 MONTHS 6 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

9. OCCUPATION Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. OCCUPATION Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. 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) Green County Ind -

13. MOTHER FATHER NAME William Blaud

14. MOTHER FATHER BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County Ind -

15. MOTHER FATHER MAIDEN NAME Skinner

16. MOTHER FATHER BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Ind -

17. INFORMANT Wm Stamper (ADDRESS) Linn Creek Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green DATE 11-14 1939

19. UNDERTAKER (ADDRESS) Linn Creek Mo

20. FILED Dec 7 1939 Viggo Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1939 to 11-13 1939

I last saw him alive on 11-12 1939 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:

Chronic Valvular Heart Disease (Medical misdiagnosis) Date of onset 1937

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? Physician 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) E. E. Claiborn M.D.

(Address) Cross Creek 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1636

Date Filed 12-8-39