

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH

County ADAIR
Township.....
City KIRKSVILLE (No. 3)

Registration District No. 4
Primary Registration District No. 3001

File No. 10010
Registered No. 73
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Adair 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

3. SEX FEMALE
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-40

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 26 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) KIRKSVILLE, MO

FATHER
13. NAME EVERETT ARLEY STILES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR Co - MISSOURI

MOTHER
15. MAIDEN NAME ALTA MAY FINDLING

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR Co - MISSOURI

17. INFORMANT Everett Stiles (ADDRESS) Kirksville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Camp DATE 3/26 1940

19. UNDERTAKER Burial by family (ADDRESS)

20. FILED 3-28 1940 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1940 to 3-26 1940
I last saw h. ER alive on 3-26 1940 Death is said to have occurred on the date stated above, at 4:23 P.M.

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

SYNOPTHALMUS (CONGENITAL MALFORMATION)

Date of onset 3-26-40

Other contributory causes of importance:

1570

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) John Henry D.O. (Address) KIRKSVILLE, MO

RECEIVED

District Health Officer No. 10

District File Number 4-49853

Date Filed APR 16 1940