C 26 1928

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

Do not use this space.

36388

1. PLACE OF DEATH
County: Clark
Registration District No. 190
Township:
Primary Registration District No. 4113
City: Kahoka (No. , St. Ward)
File No.
Registered No. 44

2. FULL NAME: Roy Stehl
(a) Residence. No. (Usual place of abode) St., Ward. (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: M.
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): Sept 17, 1906
7. AGE: Years 22 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Office Employee
(b) General nature of industry, business, or establishment in which employed (or employer): Chicago Concrete
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Clark Co. Missouri

PARENTS
10. NAME OF FATHER: John Stehl
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Clark Co Missouri
12. MAIDEN NAME OF MOTHER: Anna Faye
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Exeter
(STATE OR COUNTRY): Iowa

14. INFORMANT: John Stehl
(Address): Ashton Mo.
15. FILED: Nov 10 1928 J R Bridges
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 8 1928
17. I HEREBY CERTIFY That I attended deceased from Oct 10 1928 to Nov 8 1928 that I last saw h. alive on Nov 8 1928 and that death occurred, on the date stated above, at 9.30 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
11A
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
584
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J R Bridges, M. D
11/12, 1928 (Address) Kahoka Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ashton Cemetery
DATE OF BURIAL: 11/10 1928
20. UNDERTAKER: Fred J Karle
ADDRESS: Kahoka 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.