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.

24950

1. PLACE OF DEATH
County Jasper — Registration District No. 408
Township Jackson E — Primary Registration District No. 5563 a
City Carthage, Mo. (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Florence Estella Staats
(a) Residence. No. Route # 5 St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Staats
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 1, 1873
7. AGE: Years 56 — Months 3 — Days 16 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....
9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Adelphi, Ohio
PARENTS
10. NAME OF FATHER: Edman Dumin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Adelphi, Ohio
12. MAIDEN NAME OF MOTHER: Barbara Polen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Adelphi, Ohio.
14. INFORMANT: William Staats.
(Address) R. # 5, Carthage, Mo.
15. FILED 4/18, 1929 C. M. Letsham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 17 1929
17. I HEREBY CERTIFY, That I attended deceased from July 19, 1929, to July 17, 1929, that I last saw her alive on July 16, 1929, and that death occurred, on the date stated above, at 1:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage (apoplexy)
8 & A
..... (duration) ..... yrs. ..... mos. 12 ds.
CONTRIBUTORY (SECONDARY) none
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General Physical
(Signed) H. A. LaForce, M. D
July 18, 1929 (Address) Carthage 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: Nashville, Mo.
DATE OF BURIAL: 7-18 1929
20. UNDERTAKER: Ulmer-Drake
ADDRESS: Carthage