

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38440-3

38440-3
Atchison
Hobart
Colfax

1. PLACE OF DEATH

County: Hobart
Township: Colfax
City: (No.) St. Ward)

Registration District No. 20
Primary Registration District No. 5025

File No.
Registered No.
St. Ward)

2. FULL NAME

Myron M. Staples

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Staples
7. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 1852
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER A R Staples

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Vermont
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Abigail Ward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Hampshire
(STATE OR COUNTRY)

14. INFORMANT M. L. Staples
(Address) Burlington, Vt Mo

15. FILED Dec 30 1930
C. W. Waring REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 29 1930, to Dec 7 1930 that I last saw him alive on Dec 7 1930 and that death occurred, on the date stated above, at 9:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis

(duration) 3 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Exposure (duration) ... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. E. Garrison, M. D.

(Address) Burlington, Vt 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 High Prairie Cemetery
DATE OF BURIAL Dec 4 1930

20. UNDERTAKER R. Campbell Son
ADDRESS Marguette Mo

WRITING WITH UNFAIR INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE EXACTLY IN TERMS OF THAT IT MAY BE ACCURATELY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

