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.

10448

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township Platte — Primary Registration District No. 5576 — Registered No. 32
City ~~[illegible]~~ Mo (No. ..... St. ..... Ward)

2. FULL NAME Stella Mae Roark

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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 Mr Roark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18-1906

7. AGE — YEARS 24 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Jefferson Co Mo

FATHER
13. NAME Geo. W. Tindall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

MOTHER
15. MAIDEN NAME Ella Mae Whitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo.

17. INFORMANT (ADDRESS) G. W. Tindall Rock Tower, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Danby Cemetery DATE 3/15 1931

19. UNDERTAKER (ADDRESS) Fink Und Co Festus Mo

20. FILED 3/15, 1931 J. E. Rutledge Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1930, to March 13, 1931
I last saw her alive on March 12, 1931. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

		Date of onset
Pulmonary Tuberculosis	13 A	1929
Chronic Myocarditis	117 A	1930
Ulcerated Stomach	73 C	Feb 11, 1931

Other contributory causes of importance:
Chronic Pan-Sinusitis — 1930

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Arthur E Sexauer, M. D.
(Address) Ste Genevieve Mo