

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

Do not use this space.

24638

1. PLACE OF DEATH

County Worth
Township Worth
City Union Star

Registration District No. 5364
Primary Registration District No. 267

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 29 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 Male 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 Susie Stine

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-12-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 2 | 29 |

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Clinton
Texas

10. NAME OF FATHER Henry Stine

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

12. MAIDEN NAME OF MOTHER Mary Schull

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

14. INFORMANT (Address) Susie Stine
Union Star, Mo.

15. FILED 7/2, 1931 E. M. Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1931

17. WHEREBY CERTIFY, That I attended deceased from April, 1931 to July 11, 1931 that I last saw him alive on July 13, 1931, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Angina Pectoris
9410

CONTRIBUTORY (SECONDARY) Mysocarditis
(duration) yrs. mos. ds. 6

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Reynolds, M. D.
July 2, 1931 (Address) Union Star, 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 DATE OF BURIAL
Union Star Cemetery July 13 1931

20. UNDERTAKER
H. Wilson Union Star, 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.

AUG 25 1931

