

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

Do not use this space.

32293

**1. PLACE OF DEATH**

County Cassion Registration District No. 398  
 Township Law Primary Registration District No. 1002  
 City Kansas City, Mo. (No. 1002) General No. 1002 File No. 32293  
 Registered No. 32293 Ward 10

**2. FULL NAME**

Dave Stillwagon  
 (a) Residence, No. 1512 White St. 12 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>—</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 114

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Joe Stillwagon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Nancy Weiler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Personal Clerk, St. C. Gen. Hosp. Room

18. BURIAL, CREMATION, OR REMOVAL PLACE St. C. Gen. Hosp. Room 123

19. UNDERTAKER (ADDRESS) 139015

20. FILED 10/11/32 Registrar Wm. Brown

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1932, to 10-11, 1932  
 I last saw him alive on 10-11, 1932 Death is said to have occurred on the date stated above, at 5:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas with metastases to lung  
45A 45B 45C  
107A  
 Other contributory causes of importance:  
Pneumonia

Name of operation Date of operation  
 What test confirmed diagnosis? Was there an autopsy? Yes

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 (1)

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Gemmett M. D.  
 (Address) St. C. Gen. Hosp. Room

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.

