

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

Do not use this space.

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APR 24 1933
29

PLACE OF DEATH

County RAY
Township RIENHOLD
City RICHMOND P.F.D.

Registration District No. 744
Primary Registration District No. 5976B

File No. _____
Registered No. 25
St. _____ Ward _____

2. FULL NAME Rueben Stigall
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 1907</u>		
7. AGE YEARS <u>25</u>	MONTHS <u>7</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
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) <u>Ray Co. Mo</u>		
13. NAME <u>W. T. Stigall</u>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ray Co. Mo</u>		
15. MAIDEN NAME <u>Maudie Cooper</u>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mrs. Jewell Chatman</u> (ADDRESS) <u>Wilmington Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wilmington Mo</u> DATE <u>4/2/33</u>		
19. UNDERTAKER <u>C. M. Joiner</u> (ADDRESS) <u>Ray Co. Mo</u>		
20. FILED <u>4-1</u> 19 <u>33</u> <u>E. E. Jay</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1933

22. I HEREBY CERTIFY That I attended deceased from Mar 29 1933 to Mar 31 1933
I last saw him alive on Mar 31 1933 Death is said to have occurred on the date stated above, at 8: A m.
The principal cause of death and related causes of importance were as follows:
Acute Peritonitis
Date of onset _____

Other contributory causes of importance:
Perforating ulcer
ruptured Aorta

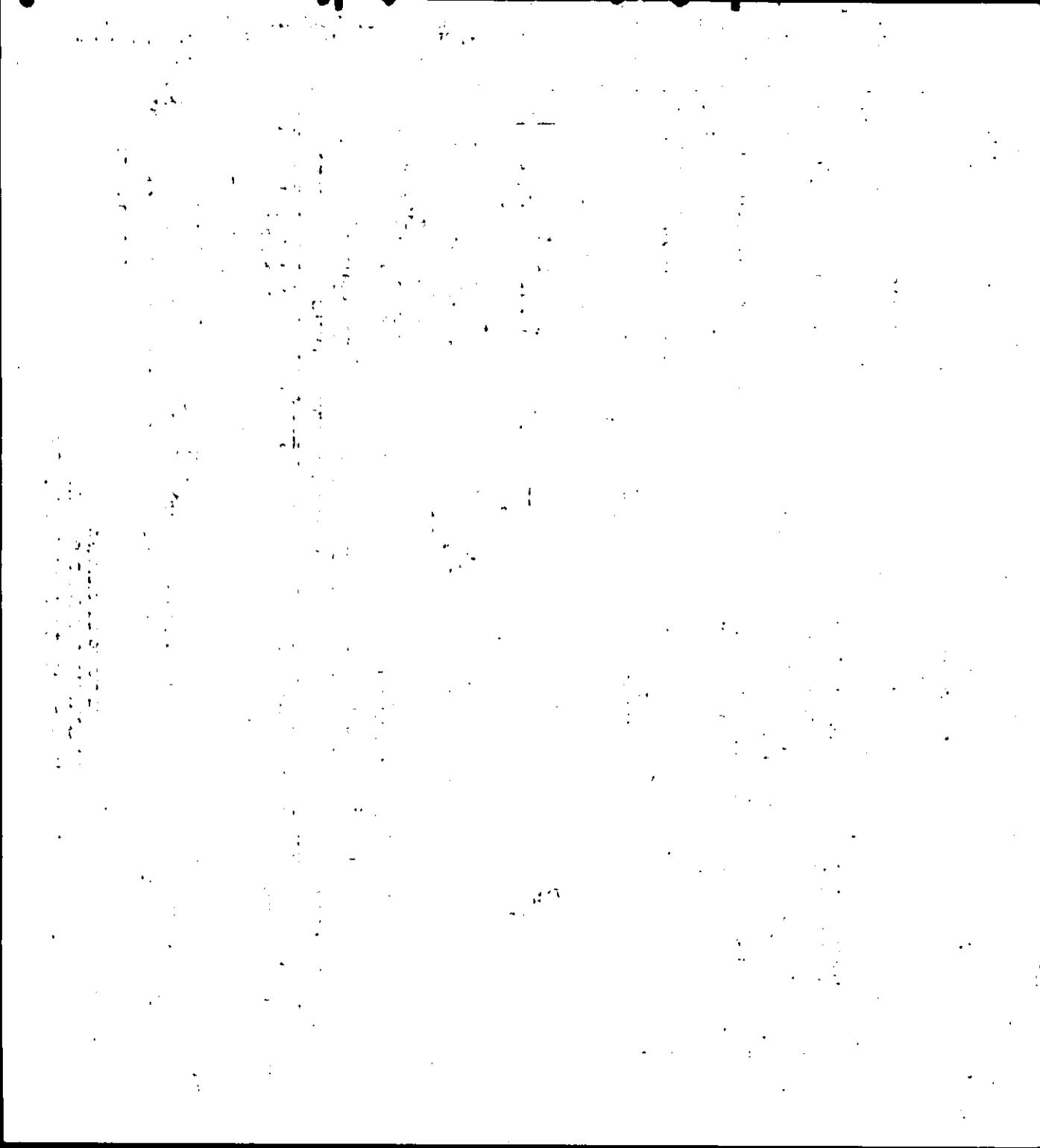
Name of operation _____ Date of _____
What test confirmed diagnosis? Widal Was there an autopsy? Yes

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 _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. J. Chalkey M. D.
(Address) Wilmington 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.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay Registration District No. 744 File No. _____
Township Richman Primary Registration District No. 5974B Registered No. 25
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Rebhan Stegill

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			
7. AGE	YEARS	MONTHS	DAYS
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	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)			
MOTHER FATHER	13. NAME		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
	15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____			
19. UNDERTAKER (ADDRESS)			
20. FILED 19____ Registrar _____			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Cardiovascularis (Date of onset _____)

Other contributory causes of importance:
Pericardial effusion
Myocardial infarction
ileum

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

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? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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