

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

Do not use this space.

13076

1. PLACE OF DEATH
 County Wheeler Registration District No. 365
 Township Wheatland Primary Registration District No. 5511
 City Wheatland, Mo St. _____ Ward _____

2. FULL NAME Julia Joan Staten
 (a) Residence, No. Wheatland St. Mo 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 female 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28, 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
4

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) Missouri

13. NAME Elmer Staten

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

15. MAIDEN NAME Julia Shinn

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Barney DATE 4 3 33

19. UNDERTAKER (ADDRESS) J. R. Lucker
Wheatland, Mo

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1933 to Apr 2, 1933
 I last saw her alive on Apr 2, 1933. Death is said to have occurred on the date stated above, at 9:0 a.m.
 The principal cause of death and related causes of importance were as follows:

Spina Bifida
157B
 Other contributory causes of importance: 157B

Name of operation None Date of _____
 What test confirmed diagnosis? Exam 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) Joseph L. Johnston, M. D.
 (Address) Wheatland, Mo

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.

APR 7 1933

