

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

Do not use this space.

29355

**1. PLACE OF DEATH**

County Green Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 2001  
 City Springfield (No. Baptist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Oris Stiffler

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Nixa, Mo  
 (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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Retta Stiffler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8 - 1985</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Albert Stiffler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
	15. MAIDEN NAME <u>Leah Nokes</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT <u>Paul Stiffler</u> (ADDRESS) <u>Nixa, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Payne</u> DATE <u>Sept 18 1933</u>		
19. UNDERTAKER <u>J. W. Maples</u> (ADDRESS) <u>Chever, Mo</u>		
20. FILED <u>9-18 1933</u> <u>Ralph W. Langston</u> Registrar.		

**2. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 1933 to Mar 17 1932  
 I last saw him alive on Mar 17 1933 Death is said to have occurred on the date stated above, at 7-45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Gangrene Riv foot Date of onset 1 wk.  
59  
98 B  
 Other contributory causes of importance: Diabetes 3 yrs

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab. 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? 1 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. no

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 J. Ingham M. D.  
 (Address) Springfield, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

92120 1933

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