EB 2 1934

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.

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

Do not use this space.

261

File No. 261

Registered No. 78

1. PLACE OF DEATH

County Buchanan, Registration District No.

Township Primary Registration District No.

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Elmer Stilwell

(a) Residence, No. St Vincents Cafeteria 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1873

7. AGE: YEARS 61 MONTHS UNKNOWN DAYS If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Unknown Iowa

FATHER

13. NAME Lemuel Stillwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER

15. MAIDEN NAME Clementine Barton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Arthur J. Stilwell Pawnee City Nebr.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Irwin Iowa DATE Jan. 22 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St Joseph Mo

20. FILED 1-21 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ treated deceased ~~from~~ on Jan. 20, 1934, to, 19

I last saw h alive on, 19 Death is said to have occurred on the date stated above, at 8/45 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: no Fall

Name of operation none Date of

What test confirmed diagnosis? Clin Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Forrest Thomas Coroner M. D.

(Address) 8011 Felix St