

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.

MAR 24 1934

1. PLACE OF DEATH

21 County Chariton Registration District No. 171  
Township Keytesville Primary Registration District No. 4100  
City Keytesville (No. 5227) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 4267  
Registered No. 4

2. FULL NAME

John Samuel Staples  
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23<sup>rd</sup> 1849

7. AGE YEARS 84 MONTHS 10 DAYS 18 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Keytesville (STATE OR COUNTRY) Mo.

13. NAME William Staples

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Belinger Murray

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) Kentucky

17. INFORMANT Sam Staples (ADDRESS) Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville DATE February 13<sup>th</sup> 1934

19. UNDERTAKER Hyde & Barnett (ADDRESS) Keytesville Mo

20. FILED Feb 27 1934 Mrs Roy Landree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1934 to February 10 1934  
last saw him alive on Feb. 8 1934 Death is said

to have occurred on the date stated above, at 3:25 A.

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

Cardiac Failure due to chronic auricular fibrillation Date of onset 1920

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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) Ortho Amerson, M. D.

(Address) Keytesville Mo.

