

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

Do not use this space.

9573

APR 25 1934

1. PLACE OF DEATH

County Brookfield
Township Brookfield
City Brookfield (No. _____)

Registration District No. 476
Primary Registration District No. 5660

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(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>Female</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>W. A. Stinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 22 - 1885</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>
	DAYS <u>20</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>Housewife</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) <u>Mar 1, Brookfield Mo.</u>	
	11. Total time (years) spent in this occupation <u>25 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brookfield Mo.</u>		
FATHER	13. NAME <u>Loyal Bisby</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Woodard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>V. A. Stinson</u> (ADDRESS) <u>Brookfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Mar 14 34</u>		
19. UNDERTAKER <u>Hunter & Robbins</u> (ADDRESS) <u>Brookfield Mo.</u>		
20. FILED <u>3/13/34</u> 19 <u>34</u> <u>Abulao</u> Registrar.		

(14) MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1934, to Mar 12 1934

I last saw her alive on Mar 12 1934 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:
Ac. Diffuse Peritonitis

Other contributory causes of importance:
121 E
54 B
139 C

Name of operation Hysterectomy - Cervical Date of Mar 3

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) Flora Evans M. D.
(Address) Brookfield Mo.

NOV 17 1949

OCT 18 1949

Please state whether
the Peritonitis was
caused from appendicitis
or some other
inflammation

yes

Please state cause of infection.
Sign and return.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield (No. St. Ward)

Registration District No. 496
Primary Registration District No. 5-660

File No.
Registered No. 24

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar

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

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... 19...
I last saw him 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:
Acute Myocardial Infarction Date of onset Mar 10 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.

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

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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) Number 9 Rollins 23 1/2 E 1st St

20. FILED 3/13/34 19... J. Evans Registrar.

Name of operation Hy-Tenotomy, Appendectomy
What test confirmed diagnosis? Etended 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.

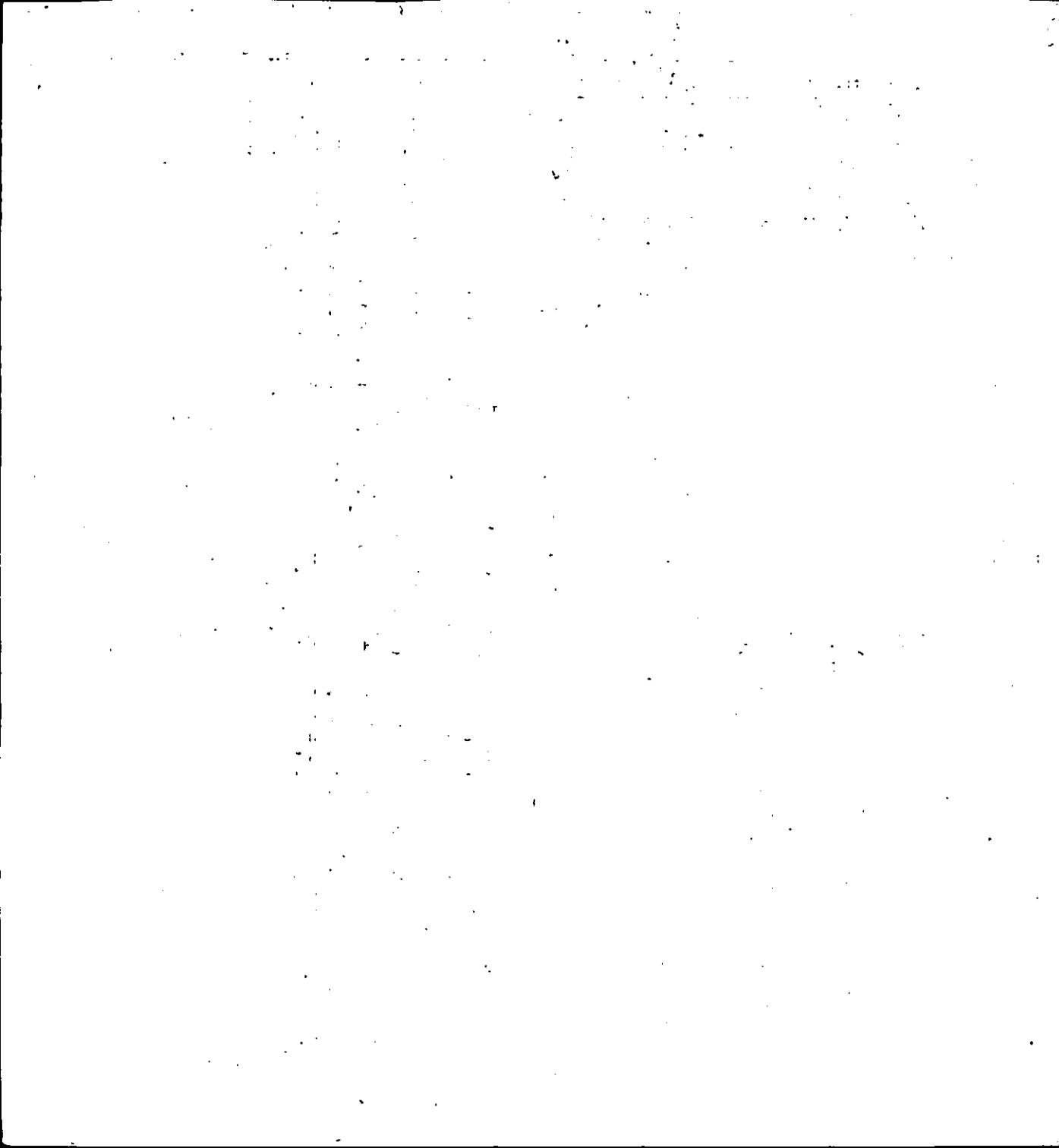
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Lane Evans, M. D.
(Address) ...

SUPPLEMENTARY

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 COMPLETED AS PRESCRIBED BY LAW.



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

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9573

Linn

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Lottie Stinson
Who died at Brookfield on Mar 12-1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: m
Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____

Principal cause of death: Ac Diffuse peritonitis following hysterectomy for fibroid and dis. appendix
Patient had had a dis. app. Not a puerperal case. No tubercular.
Other contributory causes of importance _____
Name of operation Hysterectomy Date of operation _____
Was there an autopsy? _____
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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician J. Lane Evans
Address of physician Brookfield, Mo.
Signature of Registrar W. H. ... Date filed Oct 9

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 496
Primary Reg. Dist. No. 3025

Very truly yours,
E. T. McGaugh
Special Agent.

MENT RECORD
TY. PHYSICIAN should state
OCCUPATION is very important

THIS IS A
should be stated
GA. Ex. should be stated
may be clearly stated

W. THE FAMILIAR WITH THE
should be stated
GA. Ex. should be stated
may be clearly stated

S-9573-1934

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