

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.

AUG 15 1934

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No. 26091
Registered No. 88
St. Ward)

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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stephen Stinebely
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 - 1889
7. AGE YEARS MONTHS DAYS If LESS THAN 1 day, hrs. or min.
45 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Mo.

13. NAME Joseph Caty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri

15. MAIDEN NAME Batherson Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri

17. INFORMANT (ADDRESS) Stephen Stinebely, Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE July 18, 1934

19. UNDERTAKER (ADDRESS) Chas. W. Mansfield, Richmond, Mo.

20. FILED 8-10-34 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1934 to July 15, 1934
I last saw him alive on July 15, 1934. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

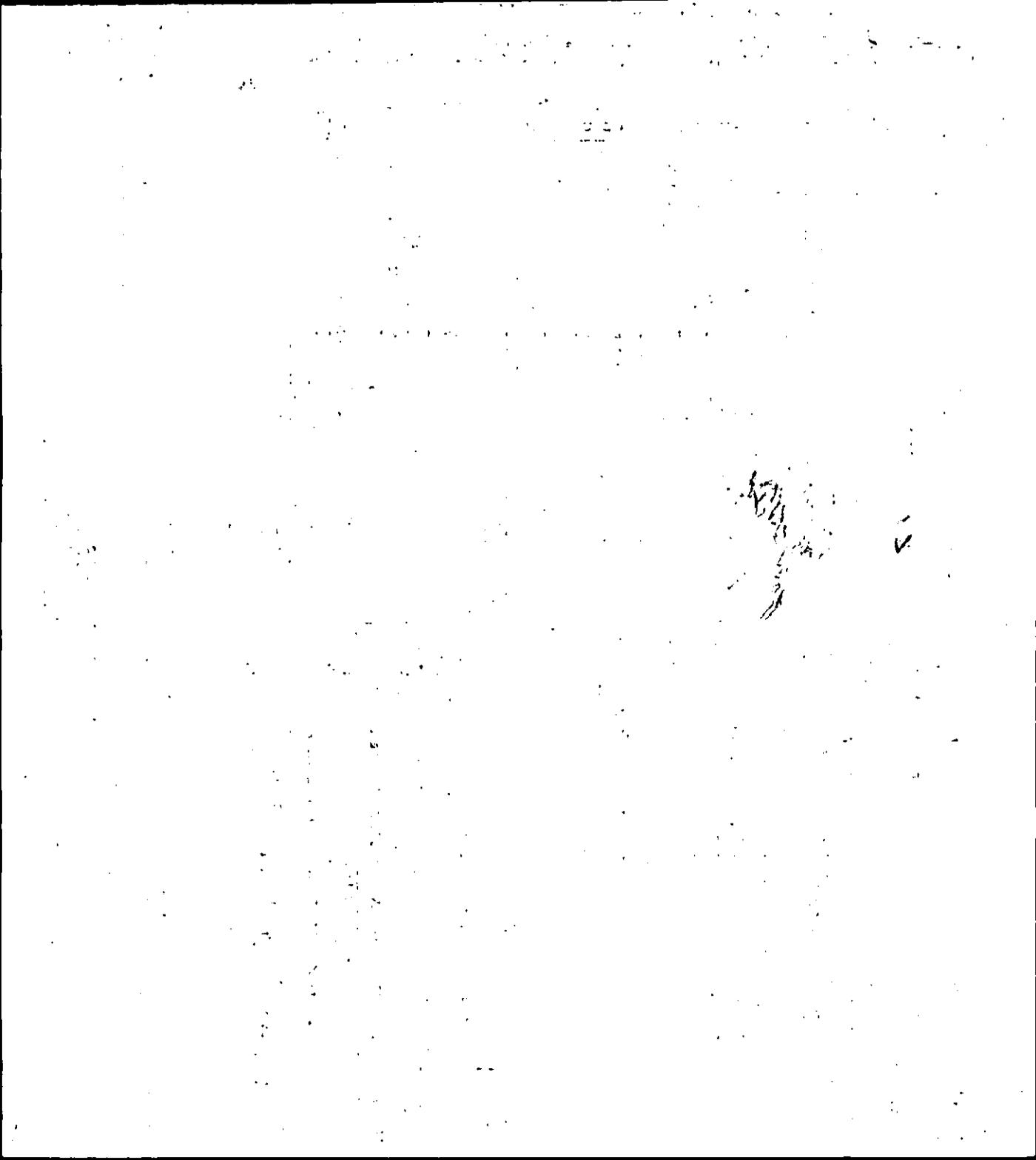
Malnutrition
Influenza (Intestinal)
Acute dilatation of heart
Other contributory causes of importance:
Heart

Name of operation 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) Anna Mae Mich. D.D.
(Address) 426 N. Thornton, Richmond, Mo.



Ray

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: Etta May Stinelsky (?)

Who died at _____ on _____

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: _____

Date of birth _____ Age: Years 43 Months 3 Days 2

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) at dilatation heart

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: chronic myocarditis 93e

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar E. E. Ray Date filed _____

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. 74

Very truly yours,

E. T. McGaugh M.D.
y.e

Primary Reg. Dist. No. 3035

Special Agent.

Department of the Interior

General Land Office

Washington, D.C.

TO THE SECRETARY OF THE INTERIOR
FROM THE LAND OFFICE
SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

S-26091

[Illegible text]

[Illegible text]

[Illegible text]