

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

Do not use this space.

JUN 24 1935 BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13437

1. PLACE OF DEATH

County Lewis Registration District No. 477  
Township Canton Primary Registration District No. 4286  
City Canton, Mo. (No. ....) St. .... Ward)

File No. ....  
Registered No. 16

2. FULL NAME

Theodosie 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1935, to April 17, 1935

I last saw him alive on Apr. 17, 1935. Death is said to have occurred on the date stated above, at 10:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30, 1857

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 7 17

Chronic Decubal Ulcer Date of onset 1933

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

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) Lewis County Mo.

13. NAME D. F. Staples

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Isabelle Luskett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Miss Rose Staples (ADDRESS) Canton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Staples Graveyard near Mendenhall, Mo. DATE April 19, 1935

19. UNDERTAKER F. D. Kelly - Canton, Mo. (ADDRESS) ....

20. FILED May 13, 1935 H. W. Harris Registrar.

Name of operation None Date of ....  
What test confirmed diagnosis? Standard 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) H. W. Harris, M. D.

(Address) Canton, Mo.

