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.

OCT 2 4 1935

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

Do not use this space.

File No. 29823

Registered No.

1. PLACE OF DEATH
County: Jasper
Township:
City: Carthage (No. , St. Ward)
Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME: Ada Beatrice Stolz
(a) Residence, No. McCune-Brooks Hosp. Ward. Carthage Mo.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Orvin Stolz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26 1904
7. AGE: Years 31 Months 6 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Barton Co., Mo.

FATHER
13. NAME: Thomas Demster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Bertha Baugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade Co. Mo.

17. INFORMANT (ADDRESS): Orvin Stolz Carthage Mo.
18. ~~BURIAL, CREMATION~~, OR REMOVAL: Moorhead Cem. Lamar Missouri DATE 9/4
19. UNDERTAKER (ADDRESS): Engelage Mortuary Carthage Mo.
20. FILED Sept 4, 1935 R. S. Coulson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Sept 1, 1935
I last saw her alive on Sept 1, 1935. Death is said to have occurred on the date stated above, at 12 40 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Sudden collapse due to clotting of blood from a ruptured ulcer of stomach

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9-1, 1935
Where did injury occur? Highway 71 N. Carthage
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury: Fell from truck while riding
Nature of injury: Contusion of Collar bone

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) W. F. Rogers, M. D.
(Address) Carthage