

APR 20 1936

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

Do not use this space.

11160

1. PLACE OF DEATH

County Jasper

Registration District No. 408

Township

Primary Registration District No. 3020

City Carthage

(No.            St.            Ward           )

2. FULL NAME

~~Missie Elizabeth Stith~~ Charles Denton Stith

(a) Residence, No. 1101 Jasper St.,            Ward.

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7<sup>th</sup> 1859

7. AGE YEARS 77 MONTHS 0 DAYS 21 If LESS than 1 day, .....hrs. or .....min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Hardin Co Kentucky

13. NAME Benjamin Stith

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

15. MAIDEN NAME Lutricia Lawson

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

17. INFORMANT Virgil Stith (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason's Cem DATE Mar. 30 1936

19. UNDERTAKER Teeter Bros (ADDRESS) Jasper Mo

20. FILED Mar 29 1936 E. B. Edinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1936 to Mar 28 1936  
I last saw him alive on Mar 27 1936 Death is said to have occurred on the date stated above, at 12:00 noon  
The principal cause of death and related causes of importance were as follows:

Senile Dementia Date of onset

Other contributory causes of importance: arterio sclerosis

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

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) Lloyd B Clifton, M. D.  
(Address) Carthage Mo.

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.

