

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

Do not use this space.

SEP 18 1936

30079

**1. PLACE OF DEATH**

County Caldwell,  
 Township Fairview,  
 City (No. ....) .....

Registration District No. 93  
 Primary Registration District No. 5139

File No. ....  
 Registered No. 16, St. .... Ward)

**2. FULL NAME** Mary Lightfoot Stubblefield,

(a) Residence, No. Fairview Township, Ward. ....

(Usual place of abode) 40 yrs. mos. ds. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.-15th.-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
75 11 3

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

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

10. Date deceased last worked at this occupation (month and year) 50yrs. Ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Caldwell County,  
 (STATE OR COUNTRY) Missouri.

FATHER 13. NAME John Stubblefield,

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

MOTHER 15. MAIDEN NAME Martha Goodwin,

16. BIRTHPLACE (CITY OR TOWN) White Mills,  
 (STATE OR COUNTY)

17. INFORMANT Mary Stubblefield  
 (ADDRESS) Bryant, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE White Cemetery, DATE Aug.-20th, 1936

19. UNDERTAKER E. P. Mahan  
 (ADDRESS) Bryant, Mo.

20. FILED Aug 20 1936 H. H. Peterson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25-, 1933, to Aug 18, 1936

I last saw her alive on Aug 17, 1936. Death is said to have occurred on the date stated above, at 5-9 m.

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

Bronchopneumonia Date of onset Aug 17-36

8201

Other contributory causes of importance: Cerebral hemorrhage Nov 25-33

Name of operation none Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 Yes, J. Drivell, M. D.

(Signed) Bryant, Mo.  
 (Address) .....

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.

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SI 06-0781  
BI 8-9861