

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

Do not use this space.

OCT 23 1936

1. PLACE OF DEATH

County Miller
Township Bedou
City Bedou (No.)

Registration District No. 561
Primary Registration District No. 4330

File No. 35001
Registered No. 78
St. Ward)

2. FULL NAME

James Wyatt Stubblefield
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. employee
10. Date deceased last worked at this occupation (month and year) 1-9-34
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME George Stubblefield

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

MOTHER
15. MAIDEN NAME Davis

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

17. INFORMANT Harry Belshe
(ADDRESS) Bedou, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Cemetery DATE 9-25 1936

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Bedou, Mo.

20. FILED 9-24 1936 Belle Haynes
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1886 to 9-24 1936, 1936
Last saw him alive on Sept 24 1936. Death is said to have occurred on the date stated above, at 2:10 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis
atherosclerosis

Date of onset Jan 31
years

Other contributory causes of importance: atherosclerosis

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

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) E. A. Stetter M. D.
(Address) Bedou Mo

