WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33

MAY 28 1936

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

Do not use this space.

48225

1. PLACE OF DEATH
County Stoddard
Township Liberty
City Bernie Mo (No. ..... St. ..... Ward)

Registration District No. 836
Primary Registration District No. 6098a

File No. 21
Registered No. 21

2. FULL NAME Still Barned

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-27-36

7. AGE YEARS MONTHS DAYS Still Barned If LESS than 1 day, ... hrs. ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Barned
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) Bernie Mo Stoddard Co

FATHER
13. NAME James Walter Stafford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie Mo Stoddard Co

MOTHER
15. MAIDEN NAME Lila Bernice Bridges
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville ~~Bernie~~ Mo Stoddard Co

17. INFORMANT (ADDRESS) W. A. Bridges Bernie Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie Cem. DATE 4/27 1936

19. UNDERTAKER (ADDRESS) Dale J. Hopkins Bernie Mo.

20. FILED May 15, 1936 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-27-, 1936, to 4-27-, 1936
I last saw her alive on ~~4-27-~~ at no time 1936 Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

Still Barned

Date of onset

Other contributory causes of importance:

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) Dawsey Ryan, M. D.
(Address) Bernie Mo