

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stanton
Township
City Newada (No. _____)

Registration District No. 275
Primary Registration District No. 3039

File No. 9202
Registered No. 36
St. _____ Ward _____

2. FULL NAME Ruben Stackhouse

(a) Residence, No. 128 1/2 W. Cherry St. 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. dn.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3-1884

7. AGE YEARS 53 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Newada Mo

13. NAME Sam Stackhouse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Clay Mo

15. MAIDEN NAME Alie Snell goal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Mo

17. INFORMANT Mrs Sam Willison (ADDRESS) 104 N. Clay St Newada

18. BURIAL, CREMATION, OR REMOVAL Oakwood Cemetery (DATE) Feb - 1 - 1937

19. UNDERTAKER Henry General Home (ADDRESS) Newada Mo

20. FILED 2-6 1937 M. G. Gilling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 1937

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:40 m.

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

Pulmonary Tuberculosis Date of onset 10 yr

Other contributory causes of importance: 30

Name of operation _____ Date of _____

What test confirmed diagnosis Chemical Was there an autopsy No

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, at 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) _____ M. D.

(Address) Newada 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.

