JUN 17 1937

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

Do not use this space.

File No. 19542
Registered No. 634

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. 2533, Edmond St. St. Ward)

2. FULL NAME William W. Stiwalt

(a) Residence, No. 2533 Edmond St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 27, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sun Mfg. Co.
10. Date deceased last worked at this occupation (month and year): Nov., 1936
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Doniphan Co., Kansas

FATHER

13. NAME: Shelton Stiwalt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Unknown

MOTHER

15. MAIDEN NAME: Jennie Whitney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Unknown

17. INFORMANT (ADDRESS): Mrs. Margaret Stiwalt, 2533 Edmond St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: May, 29, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Meierhofer, 1302 Faraon St., St. Joseph, Mo.

20. FILED: May 29, 1937 H. J. Nestlehush, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 28, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1937, to May 27th, 1937
I last saw him alive on May 1st, 1937. Death is said to have occurred on the date stated above, at 5.50 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse colon.	7-1-36
N/C	

Other contributory causes of importance:

Intestinal obstruction	5-1-37

Name of operation: None (refused) Date of: None
What test confirmed diagnosis? X ray 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, 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) Paul Dougrave, M. D.
(Address) Tootle Bldg. St. Joseph, 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.