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

Do not use this space.

JUN 21 1937

File No. 20176

1. PLACE OF DEATH
County: Henry
Township: Deepwater
City: Montrose (No. ..... St. ..... Ward)
Registration District No. 352
Primary Registration District No. 5493
Registered No.

2. FULL NAME: Ronny Stapf
(a) Residence, No. ..... Montrose St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-25 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	2	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

FATHER
13. NAME: Lefran Stapf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sweden

MOTHER
15. MAIDEN NAME: Barbra Sever
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stockholm

17. INFORMANT (ADDRESS): Francis Stapf Montrose Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Germantown DATE: 6-14 1937

19. UNDERTAKER (ADDRESS): Fred Wickersham Clinton Mo

20. FILED May 12, 1937 Mrs Clara T. Harwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to May 11th, 1937
I last saw him alive on May 11th, 1937. Death is said to have occurred on the date stated above, at 11-30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Pulmonary Emphysema	
Chronic Myocarditis	

Other contributory causes of importance:
Rupture of the Heart

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) Samuel R. Harwood, M. D.
(Address) Montrose, Mo.