NOV 18 1937

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

Do not use this space.

File No. 37954

Registered No.

Registration District No. 416

Primary Registration District No. 4248

1. PLACE OF DEATH

County Jasper

Township

City Sarcoxie (No. , St. Ward)

2. FULL NAME Frances Ellen Stogsdill

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

Length of residence in city or town where death occurred yrs. 1 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	9	10	

OCCUPATION

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

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) Huntsville
(STATE OR COUNTRY) Arkansas

FATHER

13. NAME J. F. Burney

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

MOTHER

15. MAIDEN NAME Jane Brown

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

17. INFORMANT Mrs. Pearl Agan (dau.)
(ADDRESS) Sarcoxie, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park Cemetery DATE Oct. 17, 1937

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED Oct 16, 1937 Lem Simmons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1937 to Oct 15 37, 19..
I last saw her alive on 9ct 14, 1937 Death is said to have occurred on the date stated above, at 1:10am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Chronic Nephritis	

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) L. A. Peterson D.O. M.D.

(Address) Sarcoxie 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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD