

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH6183
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001 Registered No. 259
 (c) City St. Joseph (d) Street No. 1505 Boyd St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

BIANCIA STOFFER 316
 (a) Residence, No. 1505 Boyd St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
 THUSANDS OF (OR) WIFE OF M^{rs} H. Stoffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proctor Co Ohio

FATHER
 13. NAME Franklin Drago

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Ohio

MOTHER
 15. MAIDEN NAME Mahalia Drago

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know Ohio

17. INFORMANT (ADDRESS) M. E. Stoffer 1505 Boyd St. St. Joe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairfax Mo. DATE March 1 1938

19. FUNERAL DIRECTOR (ADDRESS) Stoney Funeral Home St. Joseph Mo

20. FILED 728 1938 J. H. Hottel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1938 to 2/27 1938

I last saw him alive on 2/26 1938. Death is said to have occurred on the date stated above, at 9 PM.

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

Pyralis Right side
Arteriosclerosis
Infarctus of age
87 at 1

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury

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) J. H. Stoney, M. D.

(Address) 224 St. Joseph Ave

92D

STATEMENT BY LICENSED EMBALMER

I, John Ray Stoney, Licensed Embalmer No. 2435

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

John Ray Stoney, L. E.
No. 2435 or by and John H. Herley, Registered Apprentice No. '96

working under my personal supervision.

Signed John Ray Stoney
Licensed Embalmer No. 2435

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

EXHIBIT 108A
OFFICE OF THE COMMISSIONER OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

6183
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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Primary Registration District No. 1001 Registered No.
 (c) City St Joseph (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Biancia Stauffer

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw h... alive on 19... Death is said to have occurred on the date stated above, at... m.
 The principal cause of death and related causes of importance were as follows:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 2

Paralysis Right side
arterio sclerosis
Cerebral Hemorrhage
 Other contributory causes of importance: 4/14/35 J.S.
 Date of onset Feb 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

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) J. S. Stanley, M. D.
 (Address) 2624 St Joseph Ave

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

