REC'D JUN 23 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Clair
Township
City Vista
Registration District No. 1005
Primary Registration District No. 6009
File No. 19375
Registered No.
(No. , St. Ward)

2. FULL NAME Ora Belle Stiles 3142
(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 George F Stiles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1864
7. AGE YEARS 73 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Joseph P. Butcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Emeline Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) George F Stiles Vista, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Macedonia Cem DATE May 21 1938
19. UNDERTAKER (ADDRESS) Joseph and Firestone Collins, Mo.
20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct. 25th 1937, to May 19th, 1938
I last saw her alive on April 1st, 1938. Death is said to have occurred on the date stated above, at 8 A.m.
The principal cause of death and related causes of importance were as follows:
Cardiovascular Renal Disease
Date of onset unknown
131
Other contributory causes of importance:
Possibly hyperthyroidism & abdominal cancer, no special examination was made to establish the diag of these latter condition
Name of operation Date of
What test confirmed diagnosis? Physicians 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) J. W. Murray, M. D.
(Address) Quincy, Missouri

Hickory

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

19375 — Do not use this space.

1. PLACE OF DEATH
(a) County St Clair — Registration District No. 1005
(b) Township Royal — Primary Registration District No. 6009 — Registered No.
(c) City Vista Mo — (d) Street No. ..... 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ora Belle Stiles
(a) Residence, No. ..... 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 Fe — 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 George F Stiles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1864

7. AGE — YEARS 73 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Joseph P. Butcher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Emeline Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Geo F Stiles Vista Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macedonia DATE May 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) Joseph Ed Firestone Collins Mo

20. FILED Aug 5, 1938 Mattie J Davis
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938

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I last saw her alive on Apr 1, 1938. Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal disease — Date of onset

131

Other contributory causes of importance: Possibly Hypertension and abdominal Cancer, no special examination was made to establish the diag. these latter conditions

Name of operation ..... Date of 40
What test confirmed diagnosis? N.M.D. 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? No
If so, specify .....
(Signed) J. W. Murray, M. D.
(Address) Jimmy Mo

SUPPLEMENTARY