WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D AUG 25 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH
County Montgomery — Registration District No. 594 — File No. 25979
Township Loutre. — Primary Registration District No. 435-E — Registered No. 10
City Bluffton, Mo. (No. 5788B St. Ward)

70

2. FULL NAME William Casper Stiers. 96 21
(a) Residence, No. Bluffton, Mo. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7th 1855

7. AGE: 83 YEARS — MONTHS: 3 — DAYS: 9 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co, Mo. 0

FATHER
13. NAME Herman Stiers, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Wm Stiers, Jr Rhineland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bluffton, Mo. DATE July 18th 1938

19. UNDERTAKER (ADDRESS) Barton Baker, Americus, Mo.

20. FILED 7-17 1938 Nana Lee Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16th 38 19

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to July 16, 1938
I last saw him alive on July 7, 1938. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

Sclerotic Endocarditis — Date of onset: Dont know

920

Other contributory causes of importance: Infirmities of age

Name of operation ..... 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? ..... 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) O. R. Rauschelbach, M. D.
524 (Address) Rhineland Mo