FEB 7 1939

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

4124
Do not use this space.

1. PLACE OF DEATH
(a) County Sullivan — Registration District No. 853
(b) Township Polk — Primary Registration District No. 6170 — Registered No.
(c) City Milan — (d) Street No. ..... St.
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Jane Stall
(a) Residence, No. Milan Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry C. Stall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1850
7. AGE: Years 89 — Months 0 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Morgan Co., Ohio

FATHER
13. NAME John Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Theresa Mendenhall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Harry C. Payne Milan, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive Cem. DATE Jan 24, 1939
19. FUNERAL DIRECTOR (ADDRESS) C. G. Shoemaker Milan Mo.
20. FILED Feb 1, 1939 Leo Hagan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....1939, to Jan. 22, 1939. I last saw her alive on Jan. 20, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	

Other contributory causes of importance:
Arterio-sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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. S. Montgomery, M. D.
(Address) Milan Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schoene, Licensed Embalmer No. 2016

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank D. Schoene

Licensed Embalmer No. 2016

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