

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 MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Sass  
Township Index  
City Garden City (No. 340)

Registration District No. 154  
Primary Registration District No. 4088

File No. 6166  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 Male 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 Mary Alice (Halecomb) Stahl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 5 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

13. NAME Charles S. Stahl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse, N.Y.

15. MAIDEN NAME Mary Ann Stone

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

17. INFORMANT (ADDRESS) Mary C. Stahl

18. BURIAL, CREMATION, OR REMOVAL PLACE P. G. Cemetery DATE Feb. 19, 1939

19. UNDERTAKER (ADDRESS) J. M. Kautzman 147  
Garden City, Mo.

20. FILED Mar 5 1939 Edw. J. Griffin  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 - 1939, to Feb. 16 - 1939

I last saw him alive on Feb. 16 - 1939 Death is said to have occurred on the date stated above, at 6 p. m.

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

Cancer of Lung  
Other contributory causes of importance: H7

Name of operation X Date of ✓  
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 1939

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 X

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify ✓ 13 E. Ellis, M. D.

(Signed) Garden City, Mo.  
(Address) Garden City, Mo.

