

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 247

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia Rural
(c) Name of hospital or institution: Boone Co. Hosp
(d) Length of stay: In hospital or institution 10 Days
In this community 3 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Clark Route 2
(d) Street No. Route 2
(e) If foreign born, how long in U. S. A? Life years.

3. (a) PRINT FULL NAME Alice E. Stubbelfield
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 17th
year 1939 hour 6:30 minute P M.

4. Sex Female 5. Color or race W
6. (b) Name of husband or wife W F Stubbelfield
7. Birth date of deceased Dec 9 1884

21. I hereby certify that I attended the deceased from Dec 7 - Dec 17 - 1939
that I last saw her alive on Dec 17 - 1939
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 0 Days 8
If less than one day hr. min.

Immediate cause of death Acute Heart Failure
Duration -

9. Birthplace Gasconade Co. Mo.
10. Usual occupation Housewife

Due to Chronic myocarditis with decompensation 2 mo
Due to Chronic nephritis ?

11. Industry or business
12. Name John Bullington
13. Birthplace N. Carolina
14. Maiden name Sara Saunders
15. Birthplace Indiana

Other conditions (Include pregnancy within 3 months of death) 171
PHYSICIAN -

16. (a) Informant's own signature W. F. Stubbelfield
(b) Address R.# 2, Clark, Mo.
17. (a) Burial (b) Date thereof 12/20/1939

Major findings: Of operations 171
Of autopsy -
Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation OAK Hill Mo. Cem
18. (a) Signature of funeral director R. O. Tullett
(b) Address Columbia, Missouri
19. (a) Dec. 18, 1939 (b) Allie Selby

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? -
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

(e) Means of injury -
28. Signature Frank E. Dexter (M. D. or other) 1 mo
Address Clark, Mo Date signed 12-18-39

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.

