

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

Do not use this space.

35135

24
MAY 9 1932

PLACE OF DEATH

County Clay
Township Washington
City Beaumont Mo (No. _____)

Registration District No. 198
Primary Registration District No. 5278

File No. _____
Registered No. 147
St. _____ Ward _____

2. FULL NAME

Stovall Jesse

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 23 1901</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>8</u>
	DAY <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Elevator operator</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>32</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
found about 4 miles East of Beaumont Missouri in Pool of water frozen in thick ice - Flu cause of death unknown to me

Date of onset _____

Other contributory causes of importance:
195 2,00 B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Unknown

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

17. INFORMANT Drury Hight
(ADDRESS) 1906 E 24th St. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE Dec 5 1932

19. UNDERTAKER C. W. Hessel
(ADDRESS) Beaumont Mo

20. FILED 12-8 1932 G. D. Beaven
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____ (5) (X)

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. R. Nyberg - Gen. Sec. Clay Co. Mo.
(Address) Liberty Clay County Mo

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.

