

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County **Barry**
Township **Exeter**
City **Exeter**

Registration District No. **34**
Primary Registration District No. **6239**

File No. **31610**
Registered No. **20**

2. FULL NAME **Sterling Price Stapleton**

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

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 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 **Mrs. S. P. Stapleton**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 13, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 **10** **12**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **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)..... **Pea Ridge, Ark.**
(STATE OR COUNTRY)13. NAME **Isaac Stapleton**14. BIRTHPLACE (CITY OR TOWN)..... **Tenn.**
(STATE OR COUNTRY)15. MAIDEN NAME **Sarah Mizer**16. BIRTHPLACE (CITY OR TOWN)..... **D. K.**
(STATE OR COUNTRY)17. INFORMANT **Mrs. S. P. Stapleton**
(ADDRESS) **Exeter Mo**18. BURIAL, CREMATION, OR REMOVAL **Maplewood cemetery**
PLACE DATE **Sept. 26 1938**19. UNDERTAKER **Barr & Blankenship**
(ADDRESS) **Exeter, Mo.**20. FILED **Sept 26 1938** **Mrs. H. P. Searey**
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 25 1938**22. I HEREBY CERTIFY, That I attended deceased from **Mar 17 1938** to **Sept 25 1938**I last saw him alive on **Sept 25 1938**. Death is said to have occurred on the date stated above, at **12:30 p.m.**

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

Cancer - Prostate gland ?

Other contributory causes of importance:

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.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) **E. E. McDaniel**
Crescent 236 ?
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 10/19/38