

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.

APR 26 1937

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

Do not use this space.

13156

1. PLACE OF DEATH

County Ray  
Township Ray  
City Lansdown (No. \_\_\_\_\_)

Registration District No. 742  
Primary Registration District No. 5977a

File No. \_\_\_\_\_  
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

MEDICAL CERTIFICATE OF DEATH

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Archie Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
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) (STATE OR COUNTRY) Mo

13. NAME George Stungis

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

15. MAIDEN NAME Augusta Haven

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

17. INFORMANT Archie Sharp

18. BURIAL, CREMATION, OR REMOVAL PLACE Orange Ridge DATE Apr 18 1937

19. UNDERTAKER (ADDRESS) Lansdown Mo

20. FILED Apr 21, 1937 Edmund Shouser Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 31, 1937. I last saw her alive on March 31, 1937. Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:  
Cardioma of thyroid with metastasis by mediastinum and lungs

Other contributory causes of importance 53

Name of operation Partial thyroidectomy Date of Nov. 1934  
What test confirmed diagnosis? Rythill 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) Oletus E. Quehner, M. D.  
(Address) Lansdown Mo.

