

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

Do not use this space.

MAR 24 1936

7321

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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 Mable K. Stotwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14, 1862

7. AGE YEARS MONTHS DAYS /if LESS than 1 day, hrs. or min. 73 3 6

OCCUPATION 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) (STATE OR COUNTRY) Ray County Missouri

FATHER 13. NAME William M. Stotwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton Kentucky

MOTHER 15. MAIDEN NAME Amanda M. Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London Missouri

17. INFORMANT Mr. Geo. W. Stotwell
(ADDRESS) Richmond Missouri

18. BURIAL CREMATION OR REMOVAL PLACE Family Cemetery DATE February 7, 1936

19. UNDERTAKER Phillip Messinger
(ADDRESS) Richmond Missouri

20. FILED 3-10-1936 E. G. Say
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934, to Jan 1936
I last saw him alive on Jan 19, 1936. Death is said to have occurred on the date stated above, at 12.00 m.
The principal cause of death and related causes of importance were as follows:
Some unknown disease of the spinal cord, 12 years duration, Date of onset _____

Other contributory causes of importance: 81

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) E. G. Say, M. D.
(Address) Richmond, 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.

